## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

Change

Change

Addition

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**19**98

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DOCUMENT # P9300085542 (7)

DESTIN MAYTAG LAUNDRY, INC.

					î lebilori din falia difil delli baril briif belik belik bi	IZAN ARIBI BINDI BIRIB 1/AJ 1601
Principal Place of Business Mailing Address				C 198(188) and 1919 drills destri		
803 HWY. 98E 175 KEL-WEN CIRCLE						
DESTIN FL 541 DESTIN FL 32541						
US		US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 12/08/1993	
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
1		26		59-3222154	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4			\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State	City & State		Election Campaign Financing	\$5.00 May Be
3		26			Trust Fund Contribution	Added to Fees
Zip	Country	<b>Z</b> ip	Countr	у	8. This corporation owes or has paid the c	urrent year Intangible
4	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	d Agent
Į.A	NG, ROBERT C		B1	Name		
175 KEL-WEN CIRCLE				82 Street Address (P.O. Box Number is Not Acceptable)		
				52 Street Address (P.O. Box Number is Not Acceptable)		
ĎΕ	STIN FL 32541		83	3		<del> </del>
-						
			84	City	FI	85 Zip Code
44 0	10-0-007	200 007 4000 Florida Otto		J	poration submits this statement for the purpose	<del>.</del> 1 —
office or I agent. I a	egistered agent, or both, in the SI m familiar with, and accept the ob-	ate of Florida. Such change was:	authorized b	by the corpora	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered	egent and title if anylicable (NO)	IF Pagistared Ad	neni eigneture renui	ired when reinstating) OATE	
12.		AND DIRECTORS	13.	ion agriciore regor	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	V	☐ DELETE	1.1 TITLE		7.001110707070111100007000110071	Change Addition
NAME	LANG, ROBERT C		1.2 NAME	Ì		C overige C receiven
	175 KEL-WEN CR.			1		
STREET ADDRESS	DESTIN FL			T ADDRESS		
CITY-ST-ZIP	_	FT program	1.4 CITY-	S1-ZIP		
TITLE	ST AND COLLECTION	DELETE	2.1 TITLE			Change Addition
NAME	LANG, COLLEEN M		2.2 NAME			
STREET ADDRESS	175 KEL-WEN CR.		2.3 STREET AD			
CITY-ST-ZIP	DESTIN FL		2. 4 CITY	·ST-ZiP		
TITLE	P	DELETE	3.1 TITLE			Change Addition
NAME	<b>SMITH, AMY S</b>		3.2 NAME			
STREET ADDRESS	154 LOLA CIRCLE		3.3 STREE	T ADDRESS		
City-St-ZIP	DESTIN FL		3.4. CITY-			
TITLE		DELETE	4.1 TITLE	J. I''		Change Addition
NAME			4 2 NAMI	.		FT SOM BY FT VIDERIDIA
CTREET ADDRESS				T ADDOCCO		

6.4 City-st-zip

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on appartice that my name appears in the corporation of the receiver of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on appartice that my name appears in the corporation of the receiver of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on appartice that the information is the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes is the corporation of the receiver of the corporation

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

Block 12 or Block 13 if changing, or on ab attachment with an address.