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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 627811

D A O LAUNDDOMATO

R & G LAUNDROMATS, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90060 042 ***150.00



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Principal Plac	e of Business	Mailing Address				•	•
756 PARK AVENUE 1540 GEMINI CT. #111 ORANGE PARK FL 32073					İ		
#111 Orange Park	EL 32073.005	ORANGE PARK PL 320/3	ANGE PARK FL 320/3		DO NOT WRITE IN THIS SPACE		
US	TE 32073-003				3. Date Incorporated or Qualifed 06/28/1979		
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
21		26			59-1924857		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
27					3. Certificate of Glatos Desired	Fee	Required
City & Stat	e	City & State	L				
		28			Trust Fund Contribution		ed to Fees
Zip	_ ′	Country Zip Cou		try	8. This corporation owes the current year Intangible		
24	. 25 29 30		30		Personal Property Tax.		<u> </u>
	9. Name and Address of Cu	urrent Registered Agent		24 Nama	10. Name and Address of New Register	eu Agent	
LT0/ 10440 1				31 Name			
LEVY, ISAAC L.			1	32 Street Add	dress (P.O. Box Number is Not Acceptable)		
444 E. DUVAL STREET JACKSONVILLE FL 32202				33			
JACI	NOUNVILLE PL 32202			53	•		
ļ			8	B4 City		85 Zi	ip Code
				<u> </u>			ita ragistarad
11. Pursuant	to the provisions of Sections 607	7,0502 and 607,1508, Florida Statute State of Florida, Such change was al	es, the about horized b	ove-named cor by the comorat	poration submits this statement for the purpos- tion's board of directors. I hereby accept the ap-	opointment as	registered
agent. I a	m familiar with, and accept the o	bligations of, Section 607.0505, Flor	ida Statut	es.	•		_
SIGNATURE					red when reinstation) DATE		
	Signature, typed or printed name of registers			gent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	Chang	
TITLE	S			1			
NAME	HAAG, CYNTHIA		1.2 NAV				
STREET ADDRESS			1	EET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL	DELETE 2.1 TI		(-ST-ZIP		☐ Chang	e Addition
TITLE	PD	_					
NAME	HAAG, RICHARD B		2.2 NAM				
STREET ADDRESS	—			EET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL			Y-ST-ZIP		Chang	ge Addition
TITLE	ł	DELETE	3.1 TITL				- <u> </u>
- NAME			3.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		[7] ACL CTC		Y-ST-ZIP		[] Chang	ge Addition
TITLE		☐ DELETE	4.1 TITL			L. Crian	ac Dynamon
NAME			4. 2 NA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		•	_	/-ST-ZIP			an ["] Addition
TITLE		☐ DELETÉ	5.1 TITL	I		☐ Chan	ge
NAME	1		52 NAM				
STREET ADDRESS	ì			EET ADDRESS			
CITY-ST-ZIP			_	Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL			Chang	ge
NAME			6.2 NAM	NE			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CITY	Y-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RECYPHIND GOOD RECYPHIND GOOD READ TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/37/99

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