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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 681431 (3)

**1. Corporation Name
R. BODDEN COIN-OP-LAUNDRY, INC.**



Principal Place of Business
6301 BENJAMIN CTR. DR.
SUITE 101
TAMPA FL 33634
US

Mailing Address
6301 BENJAMIN CTR. DR.
SUITE 101
TAMPA FL 33634
US

3. Date Incorporated or Qualified
08/02/1980

3a. Date of Last Report
05/01/1996

4. FEI Number
59-2015560

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 6301 Benjamin Ctr
Suite, Apt. #, etc.

22 Suite 101
City & State

23 Tampa, FL
Zip

25 Country

2a. Mailing Address

26 6301 Benjamin Ctr.
Suite, Apt. #, etc.

27 Suite 101
City & State

28 Tampa, FL
Zip

30 Country

9. Name and Address of Current Registered Agent

HUENINK, JEFFREY C
6301 BENJAMIN CENTER DRIVE
SUITE 101
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6301 Benjamin Center Dr.,

83 Suite 101

84 City
Tampa

85 Zip Code
FL 33634

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE **PST** DELETE

NAME **HUENINKJEFFREY**

STREET ADDRESS **6301 BENJAMIN CTR. DR. STE 101**

CITY-ST-ZIP **TAMPA FL**

TITLE **V** DELETE

NAME **HUENINK, COLLEEN**

STREET ADDRESS **6301 BENJAMIN CTR. DR., STE 101**

CITY-ST-ZIP **TAMPA FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** Change Addition

1.2 NAME **Stewart G. MacDonald, Jr.**

1.3 STREET ADDRESS **6301 Benjamin Ctr. Dr., Ste 101**

1.4 CITY-ST-ZIP **Tampa, FL 33634**

2.1 TITLE **Secretary** Change Addition

2.2 NAME **Patrick A. Flanagan**

2.3 STREET ADDRESS **6301 Benjamin Ctr. Dr., Ste 101**

2.4 CITY-ST-ZIP **Tampa, FL 33634**

3.1 TITLE **Treasurer** Change Addition

3.2 NAME **John S. Olbrych**

3.3 STREET ADDRESS **6301 Benjamin Center Drive, suite 101**

3.4 CITY-ST-ZIP **Tampa, FL 33634**

4.1 TITLE Change Addition

4.2 NAME **600002158896--1**

4.3 STREET ADDRESS **-04/29/97--01096--005**

4.4 CITY-ST-ZIP *******165.00 *****165.00**

5.1 TITLE Change Addition

5.2 NAME **600002158896--1**

5.3 STREET ADDRESS **-04/29/97--01096--006**

5.4 CITY-ST-ZIP *******8.75 *****8.75**

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: _____ **SIGNATURE REQUIRED** Patrick A. Flanagan 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

JB4-30-97