FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

688192

(4)

THE LAUNDRY ROOM, INC.

Principal Place of Business

Mailing Address

9190 HELENA RD.

9190 HELENA RD.



PELHAM AL 35124		PELHAM AL 35124	PELHAM AL 35124				
					3. Date Incorporated or Qualified 09/18/1980	3a. Date of I 06/1	ast Report 6/1995
— <i></i> .			a. Mailing Address		4. FEI Number 59-2037022		Applied For
			9224 Helena Road		59-203/022		Not Applicable
Suite, Apt #, etc		Surte, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State			Orty & State		6. Election Campaign Financing		\$5.00 May Be
— '					Trust Fund Contribution		Added to Fees
Zφ	Country	Zio	Coun		8. This corporation has liability for in	ntangible tax ur	nder s. 199.032,
35123	₂₅ USA	35123	30 US	A	Florida Statutes 🔲 Yes	-	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Fig.	egistered Age	nt
			1	31 Name	empoverta emeve		
	ELLA, STEVE		1	32 Street Addr	ETROZELLA STEVE ess (P.O. Box Number is Not Acceptable	le)	
	LONY CIR SO 12 110		B3		9605 NW 36TH MANOR		
. Tamakau	C FL 33321		"	33			
			Ī	34 City	NAT CARTINGS	E1 8	5 Zip Code
44 0	the artificians of Castons CO7 05 00	and CO / 1500 Etwill Control	so the elsen		DRAL SPRINGS, afternent for the purp	PL	B3065
familiar with	n, and accept the obligations of, Sect कुन्दर के प्रस्कार क्रमाना कर के फ्रेडक्टन बहुन्त	ion 607.0505, Florida Statutes		સૂક મેં કોઉદાઈ તે કેલ્સ દેવા	d of directors. Thereby accept the appoint	DA/E	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PD	DELETE	1 1 7 1	LE			range 🔲 Addition
NAME	MILLER, ROBERT M		1.2 NA5	. €			
STREET ADDRESS	1018 LK.FOREST CRCL.		1.3 STR	EEL ADORESS			
CITY-ST-ZIP	HOOVER AL			r-St ZIP			
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NAME							
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			53816		-34	<u>~</u>	
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STREET ADDRESS CITY - ST - ZIP		☐ DELEIE	5 3 S F F 5 4 C I T	SET ADDRESS Y-ST-ZIF LE	7	<u>~</u>	hange [] Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5 3 S (F 5 4 C (T 6 1 T:1 6 2 NA	SET ADDRESS Y-ST-ZIF LE		<u>~</u>	hange Addition

Lido peraby certry that the information supplied with this ting is voluntarily turnished and does not quality for the exemption stated in Section 119.07(a)(s), 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 eath, 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:

Robert M. Miller, Pres. 4129196 205-985-0378