## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

1998

**POCUMENT** #

754379

(6)

•	DA LAUNDERERS AND CLI	EANERS INCORPORATE	D			
5318 QUEEN ST. N. 5318 QUEEN ST. N.						
ST PETERSBURG FL 33714		ST PETERSBURG FL 33714		3. Date Incorporated or Qualified 09/26/1980		
					4. FEI Number 59-2045259	Applied For Not Applicable
<u> </u>		2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Fee Required	
22		27		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowr	· · · · · · · · · · · · · · · · · · ·	
23		28		☐ Yes		
Zip 24	Country 25	Z <sub>i</sub> p	Zip Country		This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
24]	9. Name and Address of Curre		301		10. Name and Address of New Registere	
			81	Name	101 (101)	in Agent
LAWRENCE, LOUIS L.			82	Street Addre	ess (P.O. Box Number Is Not Acceptable)	
5318 QUEEN ST. N.						
ST PETE	ERSBURG FL 33714		83			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.09	02 and 617.1508, Florida Statute	s, the above	-named corpr		
office or re agent. I a	registered agent, or both, in the State am familiar with, and accept the obliq	e of Florida. Such change was au pations of, Section 617.0503, Flor	uthorized by rida Statutes.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the e	ippointment as registered
SIGNATURE		•				
12.	Signature, typod or printed name of registered ag	peni and tille if applicable. (NOTE: ND DIRECTORS	Registered Agen	nt signature require	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	ØFF IGENS AN	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	HAWKINS CARL		1.2 NAME			book winnings - was tree at
STREET ADDRESS	14100 WALSINGHAM RD.		1.3 STREET ADDRESS			
City-St-Zip	LARGO FL		1.4 CITY-ST-ZIP			
TITLE	-36	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	APON TA ALF AL		2.2 NAME		ورار خو	
STREET ADDRESS			2.3 STREET ADDRESS		F 2	
CITY-ST-ZIP TITLE	ST. PETERGBURG FL		2. 4 C/TY-ST 3.1 T/TLE	1-ZIP		Change Addition
NAME	FONTE, SAM		3.2 NAME			
STREET ADDRESS	2312 S. MACDILL AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		3 4. CITY-ST		·	
TITLE	\$	☐ DELETE	4.1 TITLE			Change Addition
NAME	BLAINE MATT		4. 2 NAME			
STREET ADDRESS	1506 54 AVE. N		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	ST. PETERSBURG FL ED	DELETE	4.4 CITY-ST-ZIP			Change Addition
NAME	LAWRENCE, LOUIS L	Fill Asserts	5.1 TITLE 5.2 NAME			Find Attentified Find Leadurest
STREET ADDRESS			5.3 STREET A	ADDRESS		
CITY-ST-ZIP	AT ACTION IN A FI		5.4 CITY-ST			
TITLE	D DELETE		6.1 TITLE			Change Addition
NAME	PARENT, JACK		6.2 NAME			
STREET ADDRESS	2409 W. STATE RD. #434		6.3 STREET A	address		

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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louist LAWRENCE TO

De Law rome

X2E037 (10/97)

**FILED** 

Mar 18 1998 8:00am

Secretary of State