

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760708 (8)
1. Corporation Name
FLORIDA MULTI HOUSING LAUNDRY ASSOCIATION, INC.

Principal Place of Business Mailing Address
4101 LAKE BOONE TRAIL SUITE 201 4101 LAKE BOONE TRAIL SUITE 201
SUITE 201 SUITE 201
RALEIGH NC 27607-7506 RALEIGH NC 27607-7506
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1981 3a. Date of Last Report 04/15/1994
4. FEI Number 59-2127889 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUENINK, JEFF
9600 18TH ST. N.
ST PETERSBURG FL 33176

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 *[Signature]* DATE *[Date]*
Signature, typed or printed name of registered agent and the 4 applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HUENINK, JEFF
STREET ADDRESS 9600 18TH ST. N.
CITY - ST - ZIP ST. PETERSBURG FL 33176
TITLE TD
NAME ELLISON, JAMES
STREET ADDRESS 3466 N. MIAMI AVE.
CITY - ST - ZIP MIAMI FL
TITLE SD
NAME MITCHELL, CRAIG
STREET ADDRESS 3939 PALM BEACH BLVD.
CITY - ST - ZIP MIAMI FL
TITLE VD
NAME PULVER, LANCE
STREET ADDRESS 4101 SW 73RD AVE.
CITY - ST - ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE PD ☒ Change ☐ Addition
12 NAME Huenink, Jeff
13 STREET ADDRESS 4613 Hesperides, Tampa, FL 33614
14 CITY - ST - ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)