

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY 17 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 824229 (9)**

1. Corporation Name  
**PELLERIN LAUNDRY MACHINERY SALES COMPANY, INC.**

Principal Place of Business Mailing Address  
**700 JACKSON STREET 700 JACKSON STREET  
POST OFFICE BOX 1137 POST OFFICE BOX 1137  
KENNER LA 70062-7774 KENNER LA 70062-7774**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/13/1970** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>72-0503033</b>		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21		25		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Target Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
<b>SHACKLEFORD, FARRIOR, STALLINGS &amp; EVANS FARRIOR, J. REX, JR., 1ST FLORIDA TOWER TAMPA FL 33601</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code <b>FL</b>			

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 registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLERIN, CURTIS A.	1.2 NAME	
STREET ADDRESS	300 STELLA ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULGO, RICHARD C.	2.2 NAME	
STREET ADDRESS	1031 RUE ORLEANS	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUDELL LA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRILOT, CLIFTON	3.2 NAME	
STREET ADDRESS	1508 HOUMA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELLERIN, JAMES	4.2 NAME	
STREET ADDRESS	400 NORTHLINE	4.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPNES, JOHN	5.2 NAME	
STREET ADDRESS	624 FLEURIE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	KENNER LA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(b), 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: Richard C. Fulgo **RICHARD C. FULGO** 5/11/95 504-467-9593  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date (Initial/Print)