

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **824229** (9)

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

Principal Place of Business

700 JACKSON STREET
POST OFFICE BOX 1137
KENNER LA 70062-7774

Mailing Address

700 JACKSON STREET
POST OFFICE BOX 1137
KENNER LA 70062-7774



3. Date of Incorporation or Qualified: **03/13/1970** 3a. Date of Last Report: **05/17/1995**

4. FEIN Number: **72-0503033** 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**

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

2. Principal Place of Business

21. Subst. Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30. Mailing Address

9. Name and Address of Current Registered Agent

**SHACKLEFORD, FARRIOR, STALLINGS & EVANS
FARRIOR, J. REX, JR., 1ST FLORIDA TOWER
TAMPA FL 33601**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.001(2) and 607.1401(1), Florida Statutes, the above named corporation or individual hereby certifies 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, the sole proprietor, or the partnership, and is accepted by the corporation's board of directors, the sole proprietor, or the partnership, and accept the obligations of Sections 607.001(2) and 607.1401(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---|
| TITLE | P | <input type="checkbox"/> CHAIR |
| NAME | PELLERIN, CURTIS A. | |
| STREET ADDRESS | 300 STELLA ST | |
| CITY-STATE-ZIP | METAIRIE LA | |
| TITLE | ST | <input type="checkbox"/> OFFICER |
| NAME | FULGO, RICHARD C. | |
| STREET ADDRESS | 1031 RUE ORLEANS | |
| CITY-STATE-ZIP | SLIDELL LA | |
| TITLE | V | <input type="checkbox"/> OFFICER |
| NAME | FRILOT, CLIFTON | |
| STREET ADDRESS | 1508 HOUMA BLVD | |
| CITY-STATE-ZIP | METAIRIE LA | |
| TITLE | D | <input type="checkbox"/> OFFICER |
| NAME | PELLERIN, JAMES | |
| STREET ADDRESS | 400 NORTHLINE | |
| CITY-STATE-ZIP | METAIRIE LA | |
| TITLE | V | <input checked="" type="checkbox"/> OFFICER |
| NAME | STEPNES, JOHN | |
| STREET ADDRESS | 624 FLEURIE DR | |
| CITY-STATE-ZIP | KENNER LA | |
| TITLE | | <input type="checkbox"/> OFFICER |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-STATE-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-STATE-ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY-STATE-ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief for the description of said firm in Section 190.02(3) of Florida Statutes. I further certify that the information made available on this filing is true and correct to the best of my knowledge and belief as to the fact and substance of that my signed report has the same legal effect as if made under oath, that I am an officer or director of the corporation, partnership, or trust or proprietor, and that the information reported is prepared by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an affidavit with this address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

504-467-9583

CR2E034 (12/95)