PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 31 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004864 (5)

1. Corporation Name
ATLANTA WASHER & DRYER LEASING, INC.

Principal Place of Business	Mailing Address
1231 COLLIER RD., N.W. SUITE H ATLANTA GA 30318	1231 COLLIER RD., N.W. SUITE H ATLANTA GA 30318

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/27/1993
3a. Date of Last Report: 03/15/1994

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

4. FEI Number: 58-1805772 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Samuel
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CSD	11 TITLE	SD	☑ Change ☐ Addition
NAME	HILL, ANGUS K	12 NAME		
STREET ADDRESS	1231 COLLIER RD., N.W.	13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP		
TITLE	PCD	21 TITLE	PD	☑ Change ☐ Addition
NAME	PRITCHARD, R. LEE	22 NAME		
STREET ADDRESS	1231 COLLIER RD., N.W.	23 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	O'BRIAN, KEVIN J	32 NAME	O'BRIEN, KEVIN J.	
STREET ADDRESS	1231 COLLIER RD., N.W.	33 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP		
TITLE	C	41 TITLE		☑ Change ☐ Addition
NAME	DOTY, CHARLES R SR	42 NAME	DOTY, CHARLES R.	
STREET ADDRESS	1231 COLLIER RD., N.W.	43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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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)(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 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: _____ 7/25/95 (404) 355-3433 x 242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
R. LEE PRITCHARD

01/2002 FP