

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90043 001 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000001878**

1. Corporation Name  
**COYNE INTERNATIONAL ENTERPRISES CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**140 CORTLAND AV.** **140 CORTLAND AV.**  
**PO BOX 4854** **PO BOX 4854**  
**SYRACUSE NY 13221** **SYRACUSE NY 13221**

3. Date Incorporated or Qualified

**04/02/1998**

2. Principal Place of Business 2a. Mailing Address  
**712 Lake Mirror Dr.**

4. FEI Number

**16-6040758**

Applied For

Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State City & State  
**Lakeland FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip Country Zip Country  
**33801** **FL** **30**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>COYNE, THOMAS M</b>
STREET ADDRESS	<b>140 CORTLAND AVENUE</b>
CITY-ST-ZIP	<b>SYRACUSE NY 13221</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE
NAME	<b>RYAN, RAYMOND T</b>
STREET ADDRESS	<b>140 CORTLAND AVENUE</b>
CITY-ST-ZIP	<b>SYRACUSE NY 13221</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>O'HARA, DAVID P</b>
STREET ADDRESS	<b>9 ALBANY STREET</b>
CITY-ST-ZIP	<b>CAZENOVIA NY 13035</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>AMMERMAN, ROBERT C</b>
STREET ADDRESS	<b>85 MERRIMAC STREET SUITE 200</b>
CITY-ST-ZIP	<b>BOSTON MA 02114</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CROWLEY, THOMAS C</b>
STREET ADDRESS	<b>237 GLEN STREET</b>
CITY-ST-ZIP	<b>GLENS FALLS NY 12801</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FRENCH, DARROLL</b>
STREET ADDRESS	<b>711 EAST VERMONT ST. SUITE 200</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46202</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*See attached*

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 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, with all other filers empowered.

SIGNATURE:

*Thomas M Coyne*

**2/4/99**

**315-475-1626**

CR2E034 (1/198)

254224-90043-1  
F98000001878

*Coyne International Enterprises Corp.*  
*1999 Board of Directors*

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Mr. Thomas M. Coyne  
President  
Coyne International Enterprises  
140 Cortland Avenue  
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Ph: (315)475-1626  
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Asst. Treasurer  
Coyne International Enterprises  
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Mr. William D. Matthews  
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Oneida, NY 13421  
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Home  
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Manlius, NY 13104  
(315) 682-9677

Mr. J. Patrick Barrett  
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Manlius, New York 13104  
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Mr. David P. O'Hara  
Attorney at Law  
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Mr. David Evans  
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