

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 26 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001878

1. Entity Name
COYNE INTERNATIONAL ENTERPRISES CORP.



Principal Place of Business
712 LAKE MIRROR DR.
LAKELAND, FL 33801

Mailing Address
140 CORTLAND AV.
PO BOX 4854
SYRACUSE, NY 13221



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-6040758

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	COYNE, THOMAS M
STREET ADDRESS	140 CORTLAND AVENUE
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	AT
NAME	RYAN, RAYMOND T
STREET ADDRESS	140 CORTLAND AVENUE
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	D
NAME	CROWLEY, THOMAS C
STREET ADDRESS	18 CORPORATE WOODS BLVD 4TH FL
CITY-ST-ZIP	ALBANY, NY 12211
TITLE	VP
NAME	PRBEDINSKY, ALEXANDER
STREET ADDRESS	140 CORTLAND AVE
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	VCFO
NAME	OWEN, STEPHEN M
STREET ADDRESS	140 CARTLAND AVE
CITY-ST-ZIP	SYRACUSE, NY 13221
TITLE	VP
NAME	O'CONNOR, ANTHONY F
STREET ADDRESS	655 AMBOY AVE B WING 2ND FL
CITY-ST-ZIP	WOODBIDGE, NJ 07095

200027629362
01/26/04--01097--024 **150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond T Ryan, Raymond T Ryan, Ass't Secy 1-29-04 315-475-1626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #