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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G43401

(0)

DRISKILL COIN LAUNDRY, INC.

Mailing Address

## **FILED** Apr 24 1997 8:00am Secretary of State

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1023 W. PARNE KISSIMMEE FL		1023 W. PARNELL : KISSIMMEE FL 3474							
				•		3. Date Incorporated or Qualified 06/13/1983	3a. Date 05/14		
	lace of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number			Applied For
21		26				59-2320854			Not Applicable
Sulte, Apt.	#, ⊕(C.	<b> </b> 1	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23	-		28			Trust Fund Contribution Added to Fees			
Zip Country		Zip				<b>B.</b> This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30				Florida Statutes 🔀 Yes 🗌 No				
	<del></del>	of Current Registered Agent			1	10. Name and Address of New Re	gistered Ag	ent	
	DLEE, JUDY A			81	Name				
5500	SE 42ND COURT		82 Street Addr			Iress (P.O. Box Number is Not Acceptable)			
OCA	LA FL 34480			83				· · · · · ·	
				83	1				
				84	City		FL	85 Z	ip Code
dd Durawani	to the provisions of Continue	607 0000 and 607 1000 Under	Clal doe d		o nomod ser	poration as hunita this statement for the p		- L	o ito sociatosod
office or r	registered agent, or both, in	the State of Florida, Such chang	was autho	rized b	y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose or cr it the appoir	rangini itment	g its registered as registered
	im familiar with, and accept	the obligations of Section 607.0	505, Florida Head		ıs.	///	a lan		
SIGNATURE	Signature Lyped or Linleo name of re	taau Juay /1	ITEMA INOTE BOD	Noted Ao	eni signature regu	ired when refusitating)	20/97		
12.		CERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		IRECT	ORS IN 12
TITLE	PT	DEL!	TE	1.1 ] ][[E				Chang	e 🔲 Addition
NAME	driskill, fred e iii			1,2 NAME					
STREET ADDRESS	430 DELAWARE AVE			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST CLOUD FL			1.4 C(1Y+	ST-ZIP				
TITLE	8	DEC	16	2.1 TITLE				) Chang	e Addition
NAME	HEADLEE, JUEY A	_		2.2 NAME	1				
STREET ADDRESS	5500 SE 42ND COURT			23 STHEE	1 ADDRESS				
CITY-ST-ZIP	OCALA FL			2 4 CHY-	S1 - ZIP				
TITLE		☐ DEFI		3 1 TITLE			L	] Chang	e 🔲 Addition
NAME				3.2 NAME					
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP		DELI		3.4. CITY-	S1-ZIP			Chang	e Addition
TITLE NAME		L DECI		4.1 TITLE 4. 2 NAME			ļ	i onang	וסוווטות ב
					T ADDRESS				
STREET ADDRESS				4.3 STREF 4.4 CITY-:					
CITY-ST-ZIP TITLE		DELI		5.1 117LE	31-(IF		— Г	Chang	e Addition
NAME		L. J. D.C. (1		5.2 NAME			L.	_ onung	
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP				5.4 O(1Y-1					
TITLE		DEL		6.1 TITLE	<u></u>			Chang	e Addition
. NAMÉ				6.2 NAME					
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP			1	64 CDY-1	)				

I do 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.

CHEMANDALL

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