


FILED

Apr 24 1997 8:00am
Secretary of State

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|--|--|---|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # G43401 | | | | (0) | |
| 1. Corporation Name DRISKILL COIN LAUNDRY, INC. | | | | | |
| Principal Place of Business 1023 W. PARNELL ST. KISSIMMEE FL 34741 | | | Mailing Address 1023 W. PARNELL ST. KISSIMMEE FL 34741-1294 | | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | |
| 21 Suite, Apt. #, etc. | | | 26 Suite, Apt. #, etc. | | |
| 22 City & State | | | 27 City & State | | |
| 23 Zip Country | | | 28 Zip Country | | |
| 24 25 | | | 29 30 | | |
| 9. Name and Address of Current Registered Agent | | | | | |
| HEADLEE, JUDY A 5500 SE 42ND COURT OCALA FL 34480 | | | | 81 Name | |
| | | | | 82 Street Address | |
| | | | | 83 | |
| | | | | 84 City | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE <u>Judy A Headlee</u> <u>Judy A Headlee</u> <small>Signature typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| 1.1 TITLE | | 1.2 NAME | | 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | | 2.1 TITLE | | 2.2 NAME | |
| 2.3 STREET ADDRESS | | 2.4 CITY - ST - ZIP | | 3.1 TITLE | |
| 3.2 NAME | | 3.3 STREET ADDRESS | | 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | | 4.2 NAME | | 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | | 5.1 TITLE | | 5.2 NAME | |
| 5.3 STREET ADDRESS | | 5.4 CITY - ST - ZIP | | 6.1 TITLE | |
| 6.2 NAME | | 6.3 STREET ADDRESS | | 6.4 CITY - ST - ZIP | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | | | | |



CR2E034 (9/96)