FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G65432** **(8)**

1. Corporation Name
COIN-CLEAN, INC.

Principal Place of Business
18210 PAULSON DR
UNIT 2
PORT CHARLOTTE FL 33953

Mailing Address
18210 PAULSON DR
UNIT 2
PORT CHARLOTTE FL 33953

3. Date Incorporated or Qualified: **10/13/1983**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-2335105** 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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
CORNWELL, JAY R.
8460 PICKWICK AVE.
NORTH PORT FL 34287

10. Name and Address of New Registered Agent
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 Section 607.0122 and F.S. 180.0122, Florida Statutes, the above named corporation hereby submits this document 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
P	CORNWELL, JAY R.	8460 PICKWICK AVE.	NORTH PORT FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
1	2	3	4	☐	☐
5	6	7	8	☐	☐
9	10	11	12	☐	☐
13	14	15	16	☐	☐
17	18	19	20	☐	☐
21	22	23	24	☐	☐

14. I do hereby certify that the information supplied with this filing complies with the Florida law and I am qualified for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or added to be an officer or director with an address.

SIGNATURE: Jay R Cornwell 4/16/96 941-624-3364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone

CR2E034 (12/95)