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 # **H12266** **(3)**

1. Corporation Name

FLORIDA LAUNDRY SERVICES, INC.

Principal Place of Business

C/O SOUTHEASTERN HEALTH CARE MGMT.
4558 CLYDE MORRIS BLVD
PORT ORANGE FL 32119

Mailing Address

C/O SOUTHEASTERN HEALTH CARE MGMT.
4558 CLYDE MORRIS BLVD
PORT ORANGE FL 32119

3. Date Incorporated or Qualified: **07/13/1984**

3a. Date of Last Report: **03/20/1995**

4. FEI Number: **59-1423912** ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

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

9. Name and Address of Current Registered Agent

JOHNSON, STEPHEN
4558 CLYDE MORRIS BLVD.
PORT ORANGE FL 32119

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 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

TITLE	VPD	☐ DELETE
NAME	JOHNSON, RUTH G.	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	VPD	☑ DELETE
NAME	JOHNSON, RUTH G	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	PD	☐ DELETE
NAME	JOHNSON, STEPHEN	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	TSD	☐ DELETE
NAME	TROST, JON W.	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	☐ DELETE
NAME	TROST, BRENDA	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	☐ DELETE
NAME	JOHNSON, CAROL	
STREET ADDRESS	4558 CLYDE MORRIS BLVD.	
CITY-ST-ZIP	PORT ORANGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☑ Change ☐ Addition
4.2 NAME	Trost, John W.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: By: [signature] President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)