


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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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		
2. Principal Place of Business 21 689 Deltona Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 689 Deltona Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/13/1984	
22 City & State 23 Deltona FL		27 City & State 28 Deltona FL		4. FEI Number 59-1423912 Applied For Not Applicable	
24 Zip 32725		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 32725		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Galen Goetz 82 Street Address (P.O. Box Number is Not Acceptable) 689 Deltona Blvd. 83 84 City Deltona FL 85 Zip Code 32725		
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 <i>[Signature]</i> DATE 4-15-98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE VPD <input checked="" type="checkbox"/> DELETE NAME JOHNSON, RUTH G. STREET ADDRESS 4558 CLYDE MORRIS BLVD. CITY-ST-ZIP PORT ORANGE FL TITLE PD <input checked="" type="checkbox"/> DELETE NAME JOHNSON, STEPHEN STREET ADDRESS 4558 CLYDE MORRIS BLVD. CITY-ST-ZIP PORT ORANGE FL TITLE TSD <input checked="" type="checkbox"/> DELETE NAME TROST, JOHN W STREET ADDRESS 4558 CLYDE MORRIS BLVD. CITY-ST-ZIP PORT ORANGE FL TITLE D <input checked="" type="checkbox"/> DELETE NAME TROST, BRENDA STREET ADDRESS 4558 CLYDE MORRIS BLVD. CITY-ST-ZIP PORT ORANGE FL TITLE D <input checked="" type="checkbox"/> DELETE NAME JOHNSON, CAROL STREET ADDRESS 4558 CLYDE MORRIS BLVD. CITY-ST-ZIP PORT ORANGE FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE CEO V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME W Stewart Swain 1.3 STREET ADDRESS 6000 Meadowbrook Mall #200 1.4 CITY-ST-ZIP Clemmons NC 27012 2.1 TITLE P V S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Laverne P Herzog 2.3 STREET ADDRESS 689 Deltona Blvd. 2.4 CITY-ST-ZIP Deltona FL 32725 3.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME M Rebecca Muenchow 3.3 STREET ADDRESS 6000 Meadowbrook Mall #200 3.4 CITY-ST-ZIP Clemmons NC 27012 4.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Faye J Hutchins 4.3 STREET ADDRESS 6000 Meadowbrook Mall #200 4.4 CITY-ST-ZIP Clemmons NC 27012 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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: *[Signature]*

4-17-98

CR2E034 (10/97)