

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

000906

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90015 019 ***150.00

DOCUMENT # **H12266**

1. Corporation Name

FLORIDA LAUNDRY SERVICES, INC.

Principal Place of Business

10065 RED RUN BLVD.
OWINGS MILLS MD 21117
US

Mailing Address

10065 RED RUN BLVD.
OWINGS MILLS MD 21117
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	CEO	<input checked="" type="checkbox"/> DELETE
NAME	SWAIN, W S	
STREET ADDRESS	6000 MEADOWBROOK MALL 200	
CITY-ST-ZIP	CLEMMONS NC 27012	
TITLE	PVS	<input checked="" type="checkbox"/> DELETE
NAME	HERZOG, LAVERNE P	
STREET ADDRESS	689 DELTONA BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MUENCHOW, M R	
STREET ADDRESS	6000 MEADOWBROOK MALL 200	
CITY-ST-ZIP	CLEMMONS NC 27012	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HUTCHINS, FAYE J	
STREET ADDRESS	6000 MEADOWBROOK MALL 200	
CITY-ST-ZIP	CLEMMONS NC 27012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Taylor Pickett	
1.3 STREET ADDRESS	10065 Red Run Blvd	
1.4 CITY-ST-ZIP	Owings Mills, MD 21117	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Stephenson	
2.3 STREET ADDRESS	10065 Red Run Blvd	
2.4 CITY-ST-ZIP	Owings Mills, MD 21117	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mark Fulchino	
3.3 STREET ADDRESS	10065 Red Run Blvd	
3.4 CITY-ST-ZIP	Owings Mills MD 21117	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marc B Levin	
4.3 STREET ADDRESS	10065 Red Run Blvd	
4.4 CITY-ST-ZIP	Owings Mills MD 21117	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Marshall A. Elkins	
5.3 STREET ADDRESS	10065 Red Run Blvd	
5.4 CITY-ST-ZIP	Owings Mills, MD 21117	
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, with all other like empowered.

SIGNATURE:

Mark Fulchino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

410-998-8578
Daytime Phone #

CR2E034 (11/98)