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FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H27951** (3)  
1. Corporation Name  
**MARIAN'S LAUNDROMAT AND DRY CLEANERS, INC.**

Principal Place of Business  
**31 - ROYAL PALM DR.  
ATLANTIC BEACH FL 32233**

Mailing Address  
**31 - ROYAL PALM DR.  
ATLANTIC BEACH FL 32233-3918**

3. Date Incorporated or Qualified  
**10/24/1984**  
3a. Date of Last Report  
**04/19/1996**  
4. FEI Number  
**59-2485523**  
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

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

10. Name and Address of New Registered Agent

**SHAABER, A.R.  
1803 BARNETT BANK BUILDING  
112 WEST ADAMS STREET  
JACKSONVILLE FL 32202**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                     |  |
|-----------------|---------------------|--|
| TITLE           | DP                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | HARRIS, MARIAN M.   |  |
| STREET ADDRESS  | 31 ROYAL PALM DRIVE |  |
| CITY - ST - ZIP | ATLANTIC BEACH FL   |  |
| TITLE           | VP                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | MIXSON, MIKE        |  |
| STREET ADDRESS  | 110 RENMAN ROAD     |  |
| CITY - ST - ZIP | NEPTUNE BEACH FL    |  |
| TITLE           | P Bayer, Bruce A.   | <input type="checkbox"/> DELETE            |
| NAME            | 31 Royal Palm Dr    |  |
| STREET ADDRESS  | ATLANTIC Beach Fl   |  |
| CITY - ST - ZIP |                     |  |
| TITLE           | VP                  | <input type="checkbox"/> DELETE            |
| NAME            | Mixson, Mike        |  |
| STREET ADDRESS  | 31 Royal Palm Dr    |  |
| CITY - ST - ZIP | Atlantic Beach Fl   |  |
| TITLE           | ST                  | <input type="checkbox"/> DELETE            |
| NAME            | Dell Sherry A       |  |
| STREET ADDRESS  | 110 Penman Rd       |  |
| CITY - ST - ZIP | Neptune Beach Fl    |  |
| TITLE           |                     | <input type="checkbox"/> DELETE            |
| NAME            |                     |  |
| STREET ADDRESS  |                     |  |
| CITY - ST - ZIP |                     |  |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 do 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: *Bruce A. Bayer* **Bruce A. Bayer** 4-16-97 (904) 246-7592  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0097706

CR2E034 (9/96)