

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

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H27951**
1. Corporation Name

MARIAN'S LAUNDROMAT AND DRY CLEANINGS, INC.

Principal Place of Business 31 Royal Palm Drive Atlantic Bch., FL 32233	Mailing Address 31 Royal Palm Drive Atlantic Bch., FL 32233
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/84	
21 Suite, Apt. #, etc.	26 c/o Mike C. Mixson	4. FEI Number 59-2485523		Applied For Not Applicable	
22 City & State	27 695 A.I.A. North	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Ponte Vedra Bch., FL	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 32082	30 St. Johns		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**A. R. Shaaber
112 West Adams Street, Suite 1603
Jacksonville, FL 32202**

10. Name and Address of New Registered Agent

81 Name Edward C. Akel
82 Street Address (P.O. Box Number is Not Acceptable) One Independent Drive, Suite 2301
83
84 City Jacksonville
85 Zip Code FL 32202

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]

MAR 18 1998

(Signature required for printed name to be registered agent for change is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P	☒ DELETE
NAME BAYER, BRUCE A.	
STREET ADDRESS 31 Royal Palm Drive	
CITY-STATE-ZIP Atlantic Bch., FL 32233	
TITLE VP	☐ DELETE
NAME MIXSON, MIKE C.	
STREET ADDRESS 31 Royal Palm Drive	
CITY-STATE-ZIP Atlantic Bch., FL 32233	
TITLE ST	☐ DELETE
NAME DELL, SHERRY A.	
STREET ADDRESS 110 Penman Road	
CITY-STATE-ZIP Neptune Beach, FL	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	P, S, D
2.3 STREET ADDRESS	MIXSON, MIKE C.
2.4 CITY-STATE-ZIP	695 A.I.A. North
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	Ponte Vedra Bch., FL 32082
3.3 STREET ADDRESS	T
3.4 CITY-STATE-ZIP	DELL, SHERRY A.
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	110 Penman Road
4.3 STREET ADDRESS	Neptune Bch., FL
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 or changed, or on an attachment with an address.

SIGNATURE:

[Signature]

Mike C. Mixson

246-7592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)