

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H36116** (2)
1. Corporation Name
BARTOW COIN LAUNDRY, INC.

Principal Place of Business
**1720 E ADAMS DRIVE
MATLAND FL 32751**

Mailing Address
**1720 E ADAMS DRIVE
MATLAND FL 32751**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 210 S WILSON Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. BOX 665 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/20/1984		3a. Date of Last Report 04/26/1996	
23 City & State BARTOW FL Zip 24 33830		28 City & State BRANDON FL Zip 29 33509		4. FEI Number 59-2495550		Applied For <input type="checkbox"/> Not Applicable	
25 Country USA		30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAHAM, JESSE E.
360 N. NEW YORK AVENUE
SUITE 300
WINTER PARK FL 32789**

**81 Name
J K BAHL
82 Street Address (P.O. Box Number is Not Acceptable)
654 W BRANDON BLVD
83
84 City
BRANDON FL 85 Zip Code
33511**

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 *J. K. Bahl* **J K BAHL, PRESIDENT**
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLL, KENNETH M.	1.2 NAME	
STREET ADDRESS	1720 E. ADAMS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MATLAND FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	J K BAHL
STREET ADDRESS		2.3 STREET ADDRESS	654 W BRANDON BLVD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BRANDON, FL. 33511
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	A K BAHL
STREET ADDRESS		3.3 STREET ADDRESS	654 W BRANDON BLVD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BRANDON, FL. 33511
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CP2E034 (4/97)