FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H76791** **(3)**

1. Corporation Name

STATEWIDE COMMERCIAL LAUNDRY EQUIPMENT COMPANY

Principal Place of Business	Mailing Address
4613 NO HESPERIDES TAMPA FL 33614 US	4613 NO HESPERIDES TAMPA FL 33614 US

3. Date Incorporated or Qualified: 09/18/1985
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business
21: CLOSED FOR BUS.
22 Suite, Apt. #, etc.: BUT - STILL CORP
23 City & State: HIALEAH, FL
24 Zip: 33014
25 Country: USA

2a. Mailing Address
26: 16500 N.W. 52ND AVE
27 Suite, Apt. #, etc.: % STATEWIDE
City & State: HIALEAH, FL
29 Zip: 33014
30 Country: USA

4. FEI Number: 59-2603138 ☐ 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

9. Name and Address of Current Registered Agent

HARKER, DENNIS M.
10423 OAKBROOK DRIVE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: HARKER, DENNIS M.
82 Street Address (P.O. Box Number is Not Acceptable): 16500 N.W. 52ND AVE
83: % STATEWIDE
84 City: HIALEAH FL 85 Zip Code: 33014

11. Pursuant to the provisions of Sections 607.0501 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] DENNIS M. HARKER 4-22-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HARKER, DENNIS M.	
STREET ADDRESS	10423 OAKBROOK DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	HARKER, DENNIS M	☒ Change ☐ Addition
1 2 NAME	16500 N.W. 52ND AVE	
1 3 STREET ADDRESS	HIALEAH, FL 33014	
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP	300001822783	
5 1 TITLE	-05/15/96--01054--047	☐ Change ☐ Addition
5 2 NAME	***400.00	
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] PRES. DENNIS M. HARKER 4-22-96 305-624-5769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #