

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 # J08492 (7)

1. Corporation Name

ANDREWS COIN LAUNDRY & POOL GAMES, INC.



Principal Place of Business

Mailing Address

% JOHN F. ANDREWS
1531 JACKSON BLUFF RD.
TALLAHASSEE FL 32304

% JOHN F. ANDREWS
1531 JACKSON BLUFF RD.
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified

04/10/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2669959

Applied For

Not Applicable

22. Subj. Apt. #, etc.

27. Subj. Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREWS, MARGARET S.
1531 JACKSON BLUFF RD.
TALLAHASSEE FL 32304

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 607.0506, Florida Statutes.

SIGNATURE

Margaret S. Andrews

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
DS	ANDREWS, MARGARET S.	1531 JACKSON BLUFF RD.	TALLAHASSEE FL	☐
DP	JOHNSON, MICHAEL S.	1531 JACKSON BLUFF RD.	TALLAHASSEE FL	☐
VP	JOHNSON, GILBERT	1531 JACKSON BLUFF RD	TALLAHASSEE FL	☐
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP	☐	☐
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	☐	☐
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY-ST-ZIP	☐	☐
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-ST-ZIP	☐	☐
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY-ST-ZIP	☐	☐
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-ST-ZIP	☐	☐

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:

Gilbert Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed or Printed Name

CR2E034 (12/95)