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Apr 09, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J11704

1. Corporation Name
SOAP'S GOODTIME LAUNDRY, INC.

Principal Place of Business

PO BOX 10
NAPLES FL 34106
US

Mailing Address

PO BOX 10
NAPLES FL 34106
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:

04/29/1986

4. FEI Number

59-2675712

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

GRADY, THOMAS R.
3411 NORTH TAMiami TRAIL, SUITE 200
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

720 Fifth Avenue South

83 Suite 200

84 City
Naples

FL **85** Zip Code
34102

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

TITLE **D** ☐ DELETE
NAME **GRADY, THOMAS R.**
STREET ADDRESS **3411 N TAMiami TRAIL #200**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **PEARSON, LARRY R.**
STREET ADDRESS **313 PIRATES BIGHT**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **SHUMWAY, CHARLES L.**
STREET ADDRESS **3401 N TAMiami TRAIL 210**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **DYNES, NORMAN**
STREET ADDRESS **40 STEEPLECHASE AVE**
CITY-ST-ZIP **AURORA, ONTARIO**

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **720 Fifth Avenue South, Suite 200**
1.4 CITY-ST-ZIP **Naples, FL 34102**

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/99

(941) 261-6555

CR2E034 (11/98)