COF ANNU	PROFIT RPORATION JAL REPORT 1996	Sand Sec	PARTMENT OF STATE fire B. McDiam retary of State DE CORPORATIONS		
 Corporation 	MENT # K3807 'N CLEAN LINEN SERVICE	(-)			
Principal Place C/O GEORG 1501 NORTH PENSACOLA	E A. BELLEAU I GUILLEMARD ST.	Mailing Address C/O GEORGE A. BE 1501 NORTH GUILLI PENSACOLA FL 325	EMARD ST.		
				 Date Incorporated or Qualified 10/11/1988 	3a. Date of Last Report 04/27/1995
. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt, #, etc.		59-0967475	Not Applicable
City & Chala		27	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip ↓	Country 25	Zip	Country	B. This corporation has liability for i	
	9. Name and Address of Currer	29 nt Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	
PENSAC	ORTH GUILLEMARD ST. COLA FL 32501		83 84 Orty	ress (P.O. Box Number is Not Acceptab	85 Zip Code
PENSAC 1. Pursuant to or registere familiar with IGNATURE.	OLA FL 32501 the provisions of Sections 607.0502 ad agent, or both, in the State of Florin, and accept the obligations of, Sections	ion 607.0505, Florida Statute	83 84 City altes, the above-named corporated by the corporation's boars.	eration submits this statement for the purp ard of directors. I hereby accept the appo	FL 85 Zip Code
PENSAC 1. Pursuant to or registere familiar with IGNATURE.	the provisions of Sections 607.0502 of agent, or both, in the State of Florin, and accept the obligations of, Sections for a probability of p	ion 607.0505, Florida Statute and blie if applicable (N	83 84 City Intest the above named corporated by the corporation's boats. Oil Registered Agent signature require	eration submits this statement for the purp and of directors. I hereby accept the appo	FL 85 Zip Code cose of changing its registered office intraent as registered agent. I am
PENSAC 1. Pursuant to or registere familiar with IGNATURE. 5. S. LILE	the provisions of Sections 607.0502 of agent, or both, in the State of Florigh, and accept the obligations of, Sections, and accept the obligations of Section OFFICERS AND	ion 607.0505, Florida Statute and blie if applicable (N	83 84 City altes, the above-named corporated by the corporation's boars.	eration submits this statement for the purp ard of directors. I hereby accept the appo	FL 85 Zip Code cose of changing its registered office intraent as registered agent. I am
PENSAC 1. Pursuant to or registere familiar with GNATURE. 5. 2. Lt ME	the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections agent, or protections of the State of Frickless agent.	ion 607.0505, Florida Statute and Morray-loatie (N D DIRECTORS	83 84 Orty Ites, the above-named corporated by the corporation's boals. Oir Registered Agent signature require 13. 1 TillEF 1.2 NAME	eration submits this statement for the purp and of directors. I hereby accept the appo	FL 85 Zip Code pose of changing its registered office intrinent as registered agent. I am DATE CERS AND DIRECTORS IN 12
PENSAC 1. Pursuant to or registere familiar with IGNATURE. 2. ILE ME REET ADDRESS IY-SI-ZIP	the provisions of Sections 607.0502 to agent, or both, in the State of Florich, and accept the obligations of, Sections accept the obligations of Sections of Provided Report of Provided Report OFFICERS ANS D BELLEAU, GEORGE A	ion 607.0505, Florida Statute and Morray-loatie (N D DIRECTORS	83 84 City Intest the above named corporated by the corporation's boats. Oil Foundamed Agent signature require 13. 1 1 1 ITUE	eration submits this statement for the purp and of directors. I hereby accept the appo	FL 85 Zip Code pose of changing its registered office intment as registered agent. I am DATE CERS AND DIRECTORS IN 12
PENSAC 1. Pursuant to or registere familiar with GNATURE 5. 2. CLE ME REET ADDRESS IY-ST-ZIP LE	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Sect	ion 607.0505, Florida Statute and Morray-loative (N D DIRECTORS	83 84 Orty attes, the above-named corporated by the corporation's boars. Oif Poustered Agent signature require 13. 1 1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TIFLE	eration submits this statement for the purp and of directors. I hereby accept the appo	FL 85 Zip Code pose of changing its registered office intment as registered agent. I am DATE CERS AND DIRECTORS IN 12
PENSAC 1. Pursuant to or registere familiar with GNATURE 2. LE ME REET ADDRESS IY-ST-ZIP LE ME	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Sect	ion 607.0505, Florida Statute and blor applicative //N D DIRECTORS	83 84 Orty sites, the above-named corporated by the corporation's boars. Oils Registered Agent signature require 13. 1 1 HILF 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2 1 HILE 22 NAME	eration submits this statement for the purp and of directors. I hereby accept the appo	PL 85 Zip Code Dose of changing its registered office intraent as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition
PENSAC 1. Pursuant to or registere familiar with IGNATURE S. 2. ILLE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince of	ion 607.0505, Florida Statute and blor applicative //N D DIRECTORS	83 84 Orty Ites, the above-named corporated by the corporation's boars. Oit Fourstand Agent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 THE 2 NAME 2.3 STREET ADDRESS	eration submits this statement for the purp and of directors. I hereby accept the appo	PL 85 Zip Code Dose of changing its registered office ontment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition
PENSAC 1. Pursuant to or registere familiar with IGNATURE. 2. ILE MME REET ADDRESS IY-SI-ZIP LE MME REET ADDRESS IY-SI-ZIP LE LE LE LE LE LE LE LE LE L	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince of	ion 607.0505, Florida Statute and blor applicative //N D DIRECTORS	83 84 Orty Ites, the above-named corporated by the corporation's boars. Oit Fourstand Agent signature require 13. 1 1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 THE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	eration submits this statement for the purp and of directors. I hereby accept the appo	PL 85 Zip Code Dose of changing its registered office intrment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition
PENSAC 1. Pursuant to or registere familiar with IGNATURE. 2. ILE MME REET ADDRESS IY-SI-ZIP LE MME REET ADDRESS IY-SI-ZIP LE MME ME REET ADDRESS IY-SI-ZIP LE MME	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince of	ion 607.0505, Florida Statute and Mor application // D DIRECTORS DELETE	83 84 Orty Ites, the above-named corporated by the corporation's boars. Oit Foundamed Agent signature require 13. 1 1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 THE 2 NAME 2.3 STREET ADDRESS 2.4 CITY-SJ-ZIP 3 1 TITLE 32 NAME	eration submits this statement for the purp and of directors. I hereby accept the appo	PL 85 Zip Code pose of changing its registered office intment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
PENSAC 1. Pursuant to or registere familiar with GNATURE 2. LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP LE ME REET ADDRESS Y-SI-ZIP	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince of	ion 607.0505, Florida Statute and Mor application // D DIRECTORS DELETE	83 84 Orty Ites, the above-named corporated by the corporation's boars. Oit Fourstand Agent signature require 13. 1 1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 THE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	eration submits this statement for the purp and of directors. I hereby accept the appo	PL 85 Zip Code pose of changing its registered office intment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
PENSAC 1. Pursuant to or registere familiar with IGNATURE. 2. ILE ME REET ADDRESS IY-ST-ZIP LE	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince of	ion 607.0505, Florida Statute and Mor application // D DIRECTORS DELETE	83 84 Orty 185 Orty 186 Orty 187 Orty 188	eration submits this statement for the purp and of directors. I hereby accept the appo	PL 85 Zip Code pose of changing its registered office intment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
PENSAC 1. Pursuant to or registere familiar with GNATURE	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince of	ion 607.0505, Florida Statute and Mor application // D DIRECTORS DELETE DELETE	83 84 Orty Ites, the above-named corporated by the corporation's boars. Oit Registered Agent signature require 13. 1 1 Tiffe 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 Tiffe 2 2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 Tiffe 3 2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFFE 4.2 NAME	eration submits this statement for the purp and of directors. I hereby accept the appo	PL 85 Zip Code pose of changing its registered office intrant as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
PENSAC 1. Pursuant to or registere familiar with IGNATURE. 2. ILLE MME REET ADDRESS IY-ST-ZIP ILE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince of	ION 607.0505, Florida Statute and Micr application (A) D DIRECTORS DELETE DELETE DELETE	83 84 Orty 185 Orty 186 Orty 187 Orty 188	eration submits this statement for the purp and of directors. I hereby accept the appo	PL 85 Zip Code pose of changing its registered office intment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
PENSAC 1. Pursuant to or registere familiar with IGNATURE. 2. ILLE IMME REET ADDRESS IY-ST-ZIP LE	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince of	ion 607.0505, Florida Statute and Mor application // D DIRECTORS DELETE DELETE	83 84 Crty Ites, the above-named corporated by the corporation's boars. Oit Registered Agent signature require 13. 1 TillEF 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TIPLE 2 NAME 2.3 STREET ADDRESS 2.4 CITY-SJ-ZIP 3 TIPLE 3 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIPLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 TIPLE 5 TIPLE	ration submits this statement for the purp ard of directors. I hereby accept the appoint ad wher reinstating) ADDITIONS/CHANGES TO OFFICE	PL 85 Zip Code pose of changing its registered office intrment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
PENSAC PUrsuant to or registere familiar with GNATURE. S. LE ME REET ADDRESS Y-ST-ZIP LE ME	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince of	ION 607.0505, Florida Statute and Micr application (A) D DIRECTORS DELETE DELETE DELETE	83 84 Crty Ites, the above-named corporated by the corporation's boars. Oit Projecting Agent signature require 13. 1 Tille 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TIPLE 2 NAME 2.3 STREET ADDRESS 2.4 CITY-SJ-ZIP 3 TIPLE 3 2 NAME 3.3 STREET ADDRESS 3.4 CITY-SJ-ZIP 4. TIPLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-SJ-ZIP 5 TIPLE 5 2 NAME	ration submits this statement for the purp ard of directors. I hereby accept the appoint ad wher reinstating) ADDITIONS/CHANGES TO OFFICE	PL 85 Zip Code pose of changing its registered office intrment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
PENSAC PUrsuant to or registere familiar with GNATURE. S. LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince Of	ION 607.0505, Florida Statute and Micr application (A) D DIRECTORS DELETE DELETE DELETE	83 84 Crty Ites, the above-named corporated by the corporation's boars. Oit Registered Agent signature require 13. 1 TillEF 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TIPLE 2 NAME 2.3 STREET ADDRESS 2.4 CITY-SJ-ZIP 3 TIPLE 3 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIPLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 TIPLE 5 TIPLE	eration submits this statement for the purp and of directors. I hereby accept the appo	PL 85 Zip Code pose of changing its registered office intrment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
PENSAC 1. Pursuant to or registere familiar with IGNATURE. 2. ILLE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince Of	ION 607.0505, Florida Statute and Micr application (A) D DIRECTORS DELETE DELETE DELETE	83 84 Crty Ites, the above-named corporation's boals. Oif Pogistered Agent signature require 13. 1 Tille 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3. STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 TITLE 5 NAME 5 3 STREET ADDRESS	ration submits this statement for the purp ard of directors. I hereby accept the appoint ad wher reinstating) ADDITIONS/CHANGES TO OFFICE	PL 85 Zip Code pose of changing its registered office intrment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
PENSAC 1. Pursuant to or registere familiar with GNATURE. 2. LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP	of the provisions of Sections 607.0502 of agent, or both, in the State of Florich, and accept the obligations of, Sections, and accept the obligations of Sections of Prince Of	ON DELETE	83 84 Crty Ites, the above-named corporation's boals. OIF Projectived Agent signature require 13. 1 1 TIFE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TIFLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TIFLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	ration submits this statement for the purp ard of directors. I hereby accept the appoint ad wher reinstating) ADDITIONS/CHANGES TO OFFICE	FL 85 Zip Code Dose of changing its registered office intrment as registered agent. I am DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition

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 certify 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:

SIGNATURE AND UPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Date

Date

Despite Pront 1

Date

Despite Pront 1