

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:52

DOCUMENT # **K69278**

(5)

1. Corporation Name

LEE COUNTY LAUNDROMAT, INC.

Principal Place of Business

**516 S.E. 47TH TERRACE
CAPE CORAL FL 33904**

Mailing Address

**516 S.E. 47TH TERRACE
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2838044

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 satisfied the intangible tax under S. 100.012
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**LOPEZ, WILLIAMS
3329 S.E. 1ST AVENUE
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature of (or printed name of) registered agent and the filer, as applicable

Signature of Registered Agent (signature required when registering)

(All)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
LOPEZ, WILLIAM
3329 S.E. 1ST AVENUE
CAPE CORAL FL 33904**

**STD
LOPEZ, DANIA
3329 S.E. 1ST AVENUE
CAPE CORAL FL 33904**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is true and correct, and that I am an officer or director of the corporation or a duly authorized agent 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 from the previous year.

SIGNATURE:

SIGNATURE AND TITLE OF PERSON IN CHARGE OF FILING OFFICER OR DIRECTOR

(Date)

(Signature)