FILE NOW: FILING FEE AFTER MAY 1 IS $550.00 95 - B - APPROVED AND FILED C

CORPORATION ANNUAL REPORT **1995**

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

95 APR 20 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L60244** **(5)**

1. Corporation Name

ANGEL'S COIN LAUNDRY AND DRY CLEANING, INC.

Principal Place of Business	Mailing Address
~~3008 NW 67TH PL~~ ~~GAINESVILLE FL 32606~~	3008 NW 67TH PL GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/22/1990
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business	2a. Mailing Address
21 6250 NW 23rd St. Suite 2	26
22 Suite, Apt. #, etc. Suite 2	27 Suite, Apt. #, etc. Same
23 City & State Gainesville Fl.	28 City & State
24 Zip 32653 25 County Alachua	29 Zip 32653 30 Country

4. FEI Number: 59-2998638 ☐ 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. The 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
HOOVER, SONIA L ~~8008 NW 67TH PL~~ 10918 NW 60 Terr GAINESVILLE FL 32606 Alachua, Fl. 32615	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	HOOVER, SONIA I	1.2 NAME	
STREET ADDRESS	~~8008 NW 67TH PL~~ 10918 NW 60 Terr	1.3 STREET ADDRESS	10918 NW 60 Terr.
CITY-ST-ZIP	GAINESVILLE FL Alachua, Fl. 32615	1.4 CITY-ST-ZIP	Alachua, Fl. 32615
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOOVER, EVANGELINA	2.2 NAME	
STREET ADDRESS	3017 NW 68TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	SHANE, LORETTA J 10918	3.2 NAME	10918 NW 60 Terr.
STREET ADDRESS	~~8008 NW 67TH PL~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~GAINESVILLE FL~~	3.4 CITY-ST-ZIP	Alachua, Fl 32615
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: Loretta J. Shane Loretta J. Shane 4-17-95 904-336-1069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000190 CP