

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 # **L60244** (5)

1. Corporation Name

ANGEL'S COIN LAUNDRY AND DRY CLEANING, INC.



Principal Place of Business

Mailing Address

**6250 NW 23 ST
STE 2
GAINESVILLE FL 32653
US**

**3008 NW 67TH PL
GAINESVILLE FL 32653
US**

3. Date Incorporated or Qualified

03/22/1990

3a. Date of Last Report

04/20/1995

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

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOOVER, SONIA L.
10918 NW 60 TERR
ALACHUA FL 32615**

81. Name

Sonia I. Hoover

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

220 Turkey Creek

83.

84. City

Alachua

FL

85.

Zip Code

32615

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

Sonia I. Hoover

(Signature of New Registered Agent Required When Registered)

4/8/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOVER, SONIA I	
STREET ADDRESS	10918 NW 60 TERR	
CITY - ST - ZIP	ALACHUA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOVER, EVANGELINA	
STREET ADDRESS	3017 NW 68TH AVE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHANE, LORETTA J	
STREET ADDRESS	10918 NW 60 TERR	
CITY - ST - ZIP	ALACHUA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

1.1 TITLE	P	Hoover, Sonia I.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		220 Turkey Creek	
1.3 STREET ADDRESS		Alachua, FL	
1.4 CITY - ST - ZIP		32615	
2.1 TITLE	V	Hoover, Evangelina	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		3017 N.W. 68 Ave	
2.3 STREET ADDRESS		Gainesville, Fla.	
2.4 CITY - ST - ZIP		32653	
3.1 TITLE	S	Shane, Loretta J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		220 Turkey Creek	
3.3 STREET ADDRESS		Alachua, FL	
3.4 CITY - ST - ZIP		32615	
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 119.071(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:

Sonia I. Hoover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

DATE

Daytime Phone

CR2E034 (12/95)