## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** Mar 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (1)L67817 CLEAN ROOM LAUNDRIES, INC. Principal Place of Business Mailing Address PO BOX 17546 13825 US 19N **CLEARWATER FL 34622 CLEARWATER FL 34624** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3005511 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible 33762 Yes □ No Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLER, LINDA 13101 56TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 805** 83 **CLEARWATER FL 36420** 84 City Zip Code 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 repotitived agent and title if ripplicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE MILLER, ROBERT NAME 1.2 NAME 6011 BAHIA DEL MAR BLVD STREET ADDRESS 1.3 STREET ADDRESS 104 masters Lune ST. PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE **Change** Addition TITLE 2.1 TITLE MILLER, LINDA NAME 22 NAME 6011 BAHIA DEL MAR BLVD STREET ADORESS 2.3 STREET ADDRESS 104 masters lane ST. PETERSBURG FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE Change Addition THLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-2IP CITY-ST-ZIP DELFTE Change Addition TITLE 4.1 TIZLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP

14. Thereby 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 only an attachmical with an address.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CHTY-ST-ZIP

DELETE

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

■ Addition