SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CITY-ST-ZIP

Aug 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (6)WEST FLORIDA LAUNDRY, INC. Principal Place of Business Mailing Address 4713 HESPERIDES ST. 4713 HESPERIDES ST. TAMPA FL 33614 TAMPA FL 33614 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualified 06/05/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3011774 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zib Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MANLEY, JAMES F. 4713 HESPERIDES ST. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33614** 83 84 City 85 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Change ___ Addition MANLEY, JAMES F. NAME 12 NAME 1915 W. WATERS AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 21 TITLE Change DELETE Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-2IP TITLE 4.1 TITLE I_ DELETE Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS ***150.00

14. I hereby 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 of fusite sympowered 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.

FILED



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TO WHOM IT MAY CONCERN:

I HAVE RECEIVE YOUR NOTICE REGARDING LATE FEE FOR A TOTAL OF \$ 550.00 . I DIDNOT RECEIVE ANY NOTICE FOR THE RENEWAL OF CERTIFICATE . THIS IS THE FIRST NOTICE I HAVE RECEIVED FROM DEPT. OF STATE. I WOULD GREATLY APPRECIATE IF YOU CAN WAIVE MY LATE FEE. IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CALL ME AT (813)877-6434 EXT.#102

THANK YOU

JAY GANDHI (BOOKEEPER)