

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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # **L82403** (1)

1. Corporation Name
GULFCOAST LINEN SERVICE, INC.



Principal Place of Business: **2660 AIRPORT ROAD SOUTH NAPLES FL 33962**
Mailing Address: **2660 AIRPORT ROAD SOUTH NAPLES FL 33962**

3. Date Incorporated or Qualified: **06/21/1990**
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0214546**
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

9. Name and Address of Current Registered Agent
**BROWN, THOMAS R.
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CRONE, WILLIAM G.
STREET ADDRESS	350 7TH ST. N.
CITY-ST-ZIP	NAPLES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MORTON, EDWARD A.
STREET ADDRESS	350 7TH ST. N.
CITY-ST-ZIP	NAPLES FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	POBLETTS, CYNTHIA A.
STREET ADDRESS	350 7TH ST. N.
CITY-ST-ZIP	NAPLES FL 33940
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BRIGGS, JOHN N.
STREET ADDRESS	350 7TH ST. N.
CITY-ST-ZIP	NAPLES FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	COX, JOE B
STREET ADDRESS	350 7TH STREET NORTH
CITY-ST-ZIP	NAPLES FL
TITLE	C <input type="checkbox"/> DELETE
NAME	HOWARD, HUBERT E.
STREET ADDRESS	350 7TH STREET NO.
CITY-ST-ZIP	NAPLES FL 33940

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Preston, Ernest
4.3 STREET ADDRESS	3251 Green Dolphin Lane
4.4 CITY-ST-ZIP	Naples, FL 33940
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 119.07(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: *Edward A. Morton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (12/95)

Additional Board Members
Gulfcoast Linen Service, Inc.

Gamble, Delores
Director
350 7th Street North
Naples, FL 33940

Myers, Richard
Director
350 7th Street North
Naples, FL 333940

Holcombe, Marshall
Director
350 7th Street North
Naples, FL 33940

von Arx, Dolph W.
Director
350 7th Street North
Naples, FL 33940