

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 30 1997 8:00am
Secretary of State

DOCUMENT # P92000011243 (2)

1. Corporation Name

HEALTHCARE LINEN SERVICES, INC.



Principal Place of Business

455 INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34840

Mailing Address

455 INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33770

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/11/1992

3a. Date of Last Report

02/20/1996

4. FEI Number

65-0384032

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 taxes under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR
10225 ULMERTON ROAD
SUITE 2
LARGO FL 34841

10. Name and Address of New Registered Agent

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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of elected or appointed registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME VELTMAN, DAVID M
STREET ADDRESS 455 INDIAN ROCKS ROAD
CITY-ST-ZIP BELLEAIR BLUFFS FL 34840

TITLE VPD ☐ DELETE

NAME VELTMAN, GREG D
STREET ADDRESS 455 INDIAN ROCKS ROAD
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE PD ☐ DELETE

NAME BUCKLESS, WILLIAM G JR
STREET ADDRESS 455 INDIAN ROCKS ROAD
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE VPD ☐ DELETE

NAME BARODY, MICHAEL A
STREET ADDRESS 455 INDIAN ROCKS ROAD
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE ST ☐ DELETE

NAME DUFFY, SHEILA M
STREET ADDRESS 455 N. INDIAN ROCKS ROAD
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33770

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

813/585-6333

CR2E034 (9/96)