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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P93000032831 (8)**

1. Corporation Name
GEM LAUNDRY EQUIPMENT SERVICE, INC.

Principal Place of Business	Mailing Address
RT. 4, BOX 1528 **STARKE FL 32091**	**RT. 4, BOX 1528** **STARKE FL 32091-9447**

3. Date Incorporated or Qualified: **05/04/1993**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 Rt 6 Box 1528 — Suite, Apt. #, etc.
22 Starke, FL. — City & State
23 32091-9447 — Zip
24 — Country

2a. Mailing Address
26 Rt 6 Box 1528 — Suite, Apt. #, etc.
27 Starke, FL. — City & State
28 32091-9447 — Zip
29 — Country

4. FEI Number: **59-3154589** ☐ 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

MUSSON, GAIL E
RT. 4, BOX 1528
STARKE FL 32091

10. Name and Address of New Registered Agent

81 Name: Cheryl L. Musson
82 Street Address (P.O. Box Number is Not Acceptable): Rt 6 Box 1528
83 Starke
84 City: **FL** 85 Zip Code: 32091

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: Cheryl L. Musson — Signature, typed or printed name of registered agent and title if applicable
President — (NOTE: Registered Agent signature required when reinstating)
3/13/97 — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUSSON, GAIL E		1.2 NAME		
STREET ADDRESS	RT. 4, BOX 1528		1.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL 32091		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUSSON, CHERYL		2.2 NAME		
STREET ADDRESS	RT. 4, BOX 1528		2.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL 32091		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Cheryl L. Musson — 3/13/97 — 904-964-6363