

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000056200 (7)

1. Corporation Name

LOMBARDO'S LAUNDRY, INC.



Principal Place of Business

6025 STATE ROAD 54
ELFERS SQUARE
NEW PORT RICHEY FL 34652

Mailing Address

6025 STATE ROAD 54
ELFERS SQUARE
NEW PORT RICHEY FL 34652

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LOMBARDO, JOHN
6025 STATE ROAD 54
ELFERS SQUARE
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified

08/05/1993

3a. Date of Last Report

04/04/1995

4. FEI Number

59-3205318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent as applicable

2001b Registered Agent signature required when necessary

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PVD

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

LOMBARDO, JOHN

1.2 NAME

STREET ADDRESS

6025 STATE ROAD 54, ELFERS SQUARE

13 STREET ADDRESS

CITY- ST- ZIP

NEW PORT RICHEY FL 34652

14 CITY- ST- ZIP

TITLE

STD

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

LOMBARDO, HELEN

2.2 NAME

STREET ADDRESS

6025 STATE ROAD 54, ELFERS SQUARE

23 STREET ADDRESS

CITY- ST- ZIP

NEW PORT RICHEY FL 34652

24 CITY- ST- ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY- ST- ZIP

34 CITY- ST- ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY- ST- ZIP

44 CITY- ST- ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY- ST- ZIP

54 CITY- ST- ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY- ST- ZIP

64 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Helen Lombardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

Date

Daytime Phone

CR2E034 (12/95)