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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300056200

Principal Place of Business ·

LOMBARDO'S LAUNDRY, INC.

6025 STATE ROAD S4 ELFERS SQUARE NEW PORT RICHEY FL 34652		6025 State Road 54 Elfers Souare New Port Richey Fl 34652			DO NOT WRITE IN THIS SPACE				
		,				3. Date Incorporated 08/05/1993	or Qualifed	· ; · · · ·	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-3205318		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Statu	ıs Desired		Additional Required
City & Stat	te	City & State				6. Election Campaig Trust Fund Contri	- 11		May Be
Zip	Country	Zip	Cour	ntrv		8. This corporation of			i to rees
24	25	29	30			Personal Property	•	Year mangible	ŒNo.
	9. Name and Address of Current		1001			10. Name and Addre			
				81 1	lame				
LOM	MBARDO, JOHN								
602	5 STATE ROAD 54			82 5	treet Addre	ss (P.O. Box Number is	Not Acceptable)		
	ERS SQUARE V PORT RICHEY FL 34652			83			14, 16, 18		
}	TO THE THE DIESE			84 (ity	**************************************	-Prilis and Add	95 7in	Code
Small street, e. e.	die :	<u> </u>		Щ				FL "	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was	authorized	I by the	corporation	ration submits this state n's board of directors. I	hereby accept the	e appointment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO)	ΓE: Registered .	Agent sig	nature required	when reinstating)	D	ATE	
	· · · · · · · · · · · · · · · · · · ·						OFO TO OFFICE		
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHAN	GES TO OFFICE	RS AND DIRECT	ORS IN 12
TITLE	PVD OFFICERS ANI	D DIRECTORS DELETE	13. 1.1 T/T	ne .		ADDITIONS/CHAN	GES TO OFFICE	RS AND DIRECT	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD LOMBARDO, JOHN 6025 STATE ROAD 54, ELFERS NEW PORT RICHEY FL 34652	☐ DELETE S SQUARE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	AME TREET AD TY-ST-ZI TLE	- 1	ADDITIONS/CHAN	GES TO OFFICE	☐ Change	☐ Addition
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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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:)

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90051 006 ***150.00