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

PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # 1. Corporation Name	P94000086615 (9)	
B & B LAUNDRY SE	RVICES, INC.	



					40111 00161 1944 41110 01461 14001 0111 1011
Principal Place	of Business	Mailing Address			
12217 ORCHID THONOTOSAS		12217 ORCHID LN THONOTOSASSA FL 33	3592		
				3. Date Incorporated or Qualified 11/28/1994	3a. Date of Last Report 04/17/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3300743	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			- Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	7	Trust Fund Contribution	Accept to 1 des
Zip	Country	Zip	Country	This corporation has liability for Florida Statutes	
24	25 9. Name and Address of Current	29 Registered Agent	30	10. Name and Address of New F	
	s. Hame and Address of Contone	negistered rigent	81 Name	10. 11.11.10 01.0 7.0 01.00 0. 11.01.1	
BLIDKMYI	DO DIANE				
BURKHARD, DIANE 12217 ORCHID LN		82 Street	Address (P.O. Box Number is Not Acceptat	bie)	
	OSASSA FL 33592		83		
monor	00A00A 1 E 0003E				
			84 City		FL 85 Zip Code
or registere familiar witt	o the provisions of Sections 607.0502 and agent, or both, in the State of Floridan, and accept the obligations of, Section	a. Such change was authoriz	ed by the corporation's	orporation submits this statement for the pu board of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	no title it applicable. (NO	TE Registered Agent signature	equired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition Thanne Addition
TITLE	D	DELETE	1.1 DTLE		Change 🗌 Addition 📙
NAME	BURKHARD, FRANK D		1.2 NAME		[2]
STREET ADDRESS	12217 ORCHID LN		1.3 STREET ADDRESS		ပြည်
CITY-ST-ZIP	THONOTOSASSA FL 33592		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2. 1 TITLE		Change Addition
NAME	BURKHARD, DIANE J		2.2 NAME		
STREET ADDRESS	12217 ORCHID LN		2 3 STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL 33592		2 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3 1 THTLE		Change Addition
NAME	BASS, BILLY B		3 2 NAME		
STREET ADDRESS	10410 MORRIS BRIDGE RD		33 STREET ADDRESS		
CITY - ST- ZIP	TAMPA FL 33637	□ DECETE	3.4 CITY-ST-ZIP		Change C Addison
TITLÉ	D DATEICIA	DELETE	4 1 THTLE		☐ Change ☐ Addition
NAME	BASS, PATRICIA		4 2 NAME		
STREET ADDRESS	10410 MORRIS BRIDGE RD TAMPA FL 33637		4.3 STREET ADDRESS		
CITY - ST- ZIP	IMMER EL 33037	[] nevere	4 4 CITY - ST - ZIP		Change Addition
THILE		DELETE	5 1 TITLE		Change [_] Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TILE		T) nerese	6 1 TITLE		C Change D Adollost
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	24 d - A	and the first to the first to	6 4 CITY-ST-ZIP	Life for the company of the Continue 110	07/07/14 Florido Protutos 1.5 ethor

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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

8138770353