

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014832 (6)

1. Corporation Name

JFM LAUNDROMAT, INC.



Principal Place of Business

11226 SPRING HILL DRIVE
SPRING HILL FL 34608

Mailing Address

11226 SPRING HILL DRIVE
SPRING HILL FL 34608

3. Date Incorporated or Qualified
02/20/1995

3a. Date of Last Report
2/20/96

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc.

26

Suite, Apt #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALES, LARRY J
6645 RIDGE ROAD
PORT RICHEY FL 34668

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, if applicable

Signature typed or printed name of new registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINS, JOHN J	
STREET ADDRESS	RTE 1 BOX 103A	
CITY- ST- ZIP	LEXINGTON MD 20653	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINS, FRANCES E	
STREET ADDRESS	RTE 1 BOX 103A	
CITY- ST- ZIP	LEXINGTON MD 20653	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINS, MICHAEL L	
STREET ADDRESS	RTE 1 BOX 103A	
CITY- ST- ZIP	LEXINGTON MD 20653	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	HUTCHINS, JOHN J	
3. STREET ADDRESS	4024 CANTON CT	
4. CITY- ST- ZIP	LEXINGTON, MD FL 34607	
1. TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	HUTCHINS, FRANCES E	
3. STREET ADDRESS	4024 CANTON CT	
4. CITY- ST- ZIP	LEXINGTON, MD FL 34607	
1. TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	HUTCHINS, MICHAEL L	
3. STREET ADDRESS	4024 CANTON CT	
4. CITY- ST- ZIP	LEXINGTON, MD FL 34607	
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FRANCES E. HUTCHINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 352-688-7811
Date Original Phone #

CR2E034 (12/95)