## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham,

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000063190 (9)

GANDY LAUNDRY, INC.

## **FILED** Aug 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						BRIOT	
4713 HESPERID	ES ST.	4713 HESPERIDES ST.					
TAMPA FL 33614		TAMPA FL 33614				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						08/15/1995	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For
21		26				59-3332232	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
City & Stato		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Zip Country				This corporation owes or has paid	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Rec	istered Agent
MANLEY, JAMES F				81	Name		
	HESPERIDES ST.			82	Street Addr	Address (P.O. Box Number is Not Acceptable)	
TAM	PA FL 33614			83			
				84	City		
					-		
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, a m familiar with, and accept the obligations of, section 607,0505, Florida Statutes.							
SIGNATURE   Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
				red Aç	ent signature requ	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	P	DELETE	13. DELETE 1.1 TIT			Noorte To Civil	Change Addition
NAME	MANLEY, JAMES F			.2 NAME			onlings nashen
STREET ADDRESS	421 ROYAL POINCIONA DR.		1.3 871	1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609		1.4 CIT	TY-ST-	ZIP		
TITLE	DELETE 21		2 1 111	LE			Change Addition
NAME	22		2 2 NA	2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRE		ADDRESS		
CITY-ST-ZIP				2.4 CITY-ST-ZIP			···
TITLE		L DELETE	3 1 TITLE		1	<del></del>	Change Addition
NAME				3.2 NAME 3.3 STREET ADDRESS			İ
STREET ADDRESS				3.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE				4.1 TITLE			hange Addition
NAME				4.2 NAME			Thursda TT vonitori
STREET ADDRESS				4 3 STREET ADDRESS			AhXIOI
CITY-ST-ZIP			4.4 CI	ry-St-	ZIP		71/9~/
TITLE	DELETE 5.1 Ti					Change Addition	
NAME			5.2 NAME				,
STREET ADDRESS			53 ST	REET	ADDRESS		
CITY-\$T-ZIP			5.4 CITY-ST		ZIP		
TITLE		DELETE		6.1 TITLE		<b>9000026</b> 3	23 Addition
NAME	-		6.2 NA	6.2 NAME		<b>900002623<b>6</b>4<b>6</b> □ Addition -08/25/9801002-<b>-0</b>31</b>	
STREET ADDRESS	63		6.3 ST	6.3 STREET ADDRESS		***150.80	
CITY-ST-ZIP		The second secon	6.4 CI				and if the the later
14. I hereby ce	ertity that the information supplied with	ithis filing does not quality for t	ne exemp	tion	stated in Sec	tion 119.07(3)(i), Florida Statutes. I furthe	or certally triat 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 equiver 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, of on an autahment with an address.

commercial distributor **Bpeed Queen**THE LAUNDRY SPECIALISTS

Statewide Commercial Laundry Equipment

Providing On Premises & Coin Laundry Expertise Throughout The Sunshine State Since 1980.

TO WHOM IT MAY CONCERN:

I HAVE RECEIVE YOUR NOTICE REGARDING LATE FEE FOR A TOTAL OF \$ 550.00 . I DIDNOT RECEIVE ANY NOTICE FOR THE RENEWAL OF GERTIFICATE . THIS IS THE FIRST NOTICE I HAVE RECEIVED FROM DEPT. OF STATE. I WOULD GREATLY APPRECIATE IF YOU CAN WAIVE MY LATE FEE. IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CALL ME AT (813)877-6434 EXT.#102

THANK YOU

JAY GANDHI ( BOOKEEPER)