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

 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sankra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P95000073722 (7)

1. Corporation Name LAURIDDY O LINEN CEDVICES INC.



LAUNI	DHY & LINEN SERVICES,						
Principa! Place	of Business	Mailing Address					
·	28 RIO PINAR TRAIL 28 RIO PINAR TRAIL						
ORMOND BEACH FL 32174 ORMOND BEACH FL 321		74					
					3. Date incorporated or Qualified	3a. Date of La	st Report
					09/21/1995	<u> 1 — т</u>	Applied For
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	}	Not Applicable
21		26			57-35-014	\$8	.75 Additional
Suite, Apt.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Required
22	City & State				6. Election Campaign Financing		
City & State	•	28		•	Trust Fund Contribution		Added to Fees
23 Zip	Country	Zip	Cour	itry	8. This corporation has liability for i	ntangible tax und	ler s 199.032,
24	25		0		Florida Statutes Yes  10. Name and Address of New R		t
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New 1	ogistore riger	<u> </u>
			1				
ROBERTSON, BILLY F 28 RIO PINAR TRAIL				82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
			-	83			
ORMO	ND BEACH FL 32174		į				Zip Code
•			- 1	84 City	ration submits this statement for the pured of directors. I hereby accept the app	FL  85	
SIGNATURE	Signature, typed or printed name of registered ago	THE BITTO CODE IN EDITORIES	Registered	Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFF		
12.	OFFICERS AND DIRECTORS		1.11		Abbinous/of/vices/s	☐ C	
TITLE	PRESIDENTA	_					
NAME	BILLY F. RUBERTSON	32/14	1.3 \$	TREET ADDRESS			
STREET ADDRESS	28 RID PINAR TR.	DEMOND BEN. FL	1.4 0	ITY-ST-ZIP			C Addition
CITY-ST-ZIP	BILLY F. RUBELTSON 28 RIO PINAR TR. I VP & TREASURER KIM S. ROBERTSON 28 RIO PINAR TR. I	☐ DELETE	2. 1 T	TLE	•	□ c	hange [] Addition
NAME	WILL C PORFETSON	۸,	2.2 N	AME			
STREET ADDRESS	20 DIN FINDS TR.	DEMOND BCH, HL	2.3 S	TREET ADDRESS			
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NAME				STREET ADDRESS	1000018 -04/30/9601	026020	<b>-</b>
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NAME OVEREST TODDESCO			4.3 9	STREET ADDRESS		11.	(100
STREET ADDRESS	S		ı	STREET ADDRESS CITY-ST-ZIP		- TI	Change Addition
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STREET ADDRESS  CATY-ST-ZIP  TITLE		☐ DELETE	5.1 5.2 5.3	CITY - ST - ZIP TITLE NAME STREET ADDRESS		7(/*	Change Addition
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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 required to as in have the same required to execute this report as required by Chapter 607, Florida Statutes, and that my narroath, 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 narroath, 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 narroath, 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 narroath is report as required by Chapter 607, Florida Statutes, and that my narroath is report as required by Chapter 607, Florida Statutes, and that my narroath is report as required by Chapter 607, Florida Statutes, and that my narroath is report as required by Chapter 607, Florida Statutes, and that my narroath is report as required by Chapter 607, Florida Statutes, and that my narroath is report as required by Chapter 607, Florida Statutes, and that my narroath is report as required by Chapter 607, Florida Statutes, and that my narroath is report as required by Chapter 607, Florida Statutes, and that my narroath is required by Chapter 607, Florida Statutes, and that my narroath is required by Chapter 607, Florida Statutes, and that my narroath is required by Chapter 607, Florida Statutes, and that my narroath is required by Chapter 607, Florida Statutes, and that my narroath is required by Chapter 607, Florida Statutes, and that my narroath is required by Chapter 607, Florida Statutes, and that my narroath is required by Chapter 607, Florida Statutes, and that my narroath is required by Chapter 607, Florida Statutes, and that my narroath is required by Chapter 607, Florida Statutes, and that my narroath is

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