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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DÖCUMENT #

P95000086776

LAKE EUSTIS LAUNDRY, INC.

Principal Place of Business

Mailing Address

FILED
Jun 02 1997 8:00am
Secretary of State

2 Hazzard Avenue Eustis, FL 32726		36121 Via Gran Grand Island, FL 32735					
					3. Date Incorporated or Qualified 11-13-95	3a. Date of La 10-21-	'
2. Principal Place of Business 2a, Mailing Ac			ddress		4. FEI Number		Applied For
21		26			59-3352126		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Stal	е	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country 25	7ip Country 30			8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes		
 	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	gistered Agent	
				81 Name			
David (G. Cleaver		-	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	Via Gran						
	Island, FL 32735		Ī	83			
GLOUR .	1810IM, FII 32733		-	84 City		FL 85	Zip Code
44.5		O OOT 1500 Florido Cto	tutas tha sh	1	reporation as house this statement for the o		a ita rapintarar
office or r agent. I a	regi ste red agent, or both, in the State am f amiliar with, and accept the obliga	of Florida. Such change wa ations of, Section 607.0505,	is authorized Florida Statu	by the corporates	rporation submits this statement for the p ration's board of directors. I hereby accep	t the appointmen	as registered
SIGNATURE							
	Signature typed or printed hance of registered age		IOTE Registered	Agent signature req	julied when relistating) ADDITIONS/CHANGES TO OFFIC	DATE	TODO IN 10
12.	OFFICERS AN		11111		ADDITIONS/CHANGES TO OFFIC	Char	
TITLE	President, Directo	E Druck				L Onan	åc [\rightarrow vocation
NAME	David G. Cleaver		12 NA				
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CITY-ST-ZIP	Grand Island, FL 3	2735		Y-ST-ZIP		Char	
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1. If do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), 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 eath; 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:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

352-589-2695