May 07, 1999 8:00 am Secretary of State

05-07-1999 90174 009 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086776

1. Corporation Name

LAKE EU	ISTIS LAUNDRY, INC.											
Principal Place	e of Business	M	ailing Address					7	i (MB)(Mb) (fin tuir) ürile balle	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ı tarım milli immil im	410 0111 1201
2 HAZZARD AVENUE 36121 VIA GRAN EUSTIS FL 32726 GRAND ISLAND FL 32735 US									DO NOT WI		S SPACE	
								3.	Date Incorporated or Qualife 11/13/1995	d		
2. Principal P	ace of Business	2a.	, Mailing Address					4.	FEI Number		App	lied For
21		26							59-3352126		Not	Applicable
Suite, Apt.	#, etc.	一	Suite, Apt. #, etc.					-	Certifcate of Status Desired		\$8.75 A	
22		27		_				3.	Certificate of Status Desired		Fee Rec	uired
City & Stat	е	28	City & State					6.	Election Campaign Financing Trust Fund Contribution	³ 🗆	\$5.00 M Added to	
23 Zip	Country	- 20	Zip	C	ountry			-	This corporation owes the cu	rrent year li		
–	25	29	- -	30				1 6.	Personal Property Tax.	om your	☐ Yes 🕽	No
24	9. Name and Address of Curren	11	stered Agent					10.	Name and Address of New	Registere	d Agent	
					81	Nam	ıe					ĺ
CLEAVER, DAVID G					82	Stro	ot Addre	See (0	O. Box Number is Not Acce	ntable)		
36121 VIA GRAN					02	Sile	et Addie	1) 665	.O. DOX (401) DET 13 1401 ACCC	olubio)		
GRAND ISLAND FL 32735					83							
					-	Cit					85 Zip C	nde
					84	City				F		1
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State or facilitar with, and accept the obligations of the state	of Flori tions of	da. Such change wa f, Section 607.0505,	as autnori Florida S	zea by tatutes	tne co i.	rporatio	n s bu	oard of directors. Thereby acc	ne purpose of the app	of changing its rointment as reg	egistered istered
	Signature, typed or printed name of registered agen			NOTE: Registe		nt signatu	re required			DATE '	NO DIDECTOR	2C IN 12
12.	OFFICERS AN	D DIRE			3.				ADDITIONS/CHANGES TO C	FFICERS F	Change	Addition
TITLE	PD DAVID C	☐ DELETE			1.1 TITLE 1.2 NAME						onlings	
NAME	CLEAVER, DAVID G			1								
STREET ADDRESS	36121 VIA GRAN					T ADDRE	55					
CITY-ST-ZIP	GRAN ISLAND FL 32735				1.4 CITY-ST-ZIP						[] Change	Addition
TITLE	VSTD	——————————————————————————————————————		_	2.2 NAME		Ì					
NAME	Cleaver, Terri L 36121 via gran			I -	2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS	OBAND IOLAND EL DOTOS											
CITY-ST-ZIP					2.4 CITY-ST-ZIP 3.1 TITLE						[] Change	Addition
TITLE	□ pereie				3.2 NAME							_
NAME	0750				3.3 STREET ADDRESS							
STREET ADDRESS												
CITY-ST-ZIP				3.4. CITY-ST-ZIP						Change	☐ Addition	
TITLE			ب عدید ب	1	2 NAME		Ì					1
NAME etheet andrese						TADDRE	ss					
STREET ADDRESS					CITY-S							
CITY-ST-ZIP			☐ DELETE		TITLE	. 4.11			·	_	Change	☐ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5,3 STREET ADDRESS

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TURE REQUIRED TO THE PRESENT OF SIGNING OFFICER OR DIRECTOR

Change

Addition