

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000097679 (1)**

1. Corporation Name

COMMERCIAL LAUNDRY EQUIPMENT OF TAMPA, INC.



Principal Place of Business

**4613 NORTH HESPERIDES STREET
TAMPA FL 33614**

Mailing Address

**4613 NORTH HESPERIDES STREET
TAMPA FL 33614**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DIAZ, JOSEPH L ESQ.
2522 WEST KENNEDY BLVD.
TAMPA FL 33609**

3. Date Incorporated or Qualified

12/28/1995

3a. Date of Last Report

4. FEI Number

59-3350561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0602 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 of Registered Agent (must be signed by the agent)

Signature of New Agent (must be signed by the agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
MANLEY, JAMES F
421 ROYAL POINCIANA
TAMPA FL 33609**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

813-8776434

CR2E034 (12/95)