

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000098031 (4)**

1. Corporation Name

**H & P COMMERCIAL LAUNDRY, INC.**



Principal Place of Business

**17K44  
17178 W. FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32413**

Mailing Address

**153 SEACLUSION CIRCLE  
~~17178 W. FRONT BEACH ROAD~~  
PANAMA CITY BEACH FL 32413**

3. Date Incorporated or Qualified <b>12/29/1995</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>59-3346817</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21  
Suite, Apt #, etc.  
22 **17164 FRONT BEACH RD.**  
City & State  
23 **PANAMA CITY BEACH FL**

2a. Mailing Address

26 **153 SEACLUSION CIRCLE**  
Suite, Apt #, etc.  
27 **PANAMA CITY BEACH FL**  
City & State

24 **32413**

25 **BAY**

29 **32413**

30 **BAY**

9. Name and Address of Current Registered Agent

**HARRIS, MARY HELEN  
17178 W. FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32413**

10. Name and Address of New Registered Agent

81 Name **HARRIS MARY HELEN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**153 SEACLUSION CIRCLE**  
83 **PANAMA CITY BEACH FL 32413**  
84 City **FL** 85 Zip Code

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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary Helen Harris* **MARY HELEN HARRIS** **6/13/96**  
Signature of person who is to be registered agent and is not applicable. (607.0505) Registered Agent signature required when filed first. (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HARRIS, MARY HELEN</b>	1.2 NAME	
STREET ADDRESS	<b>153 SEACLUSION CIRCLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY BEACH FL 32413</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Helen Harris* **MARY HELEN HARRIS** **PRESIDENT** **6/13/96** **904 833-0301**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (City/State/Phone #)

CR2E034 (3/96)