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**

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90083 049 ***150.00

DOCUI	MENT # P96000	077787			l.		
•	LAUNDRIES, INC.						
Principal Place	e of Business	Mailing Address			I TRESSERI VIR COURT MAIN MAIN MAIN ANNI RES		0111 1 34 1 1401
7071 N. MAIN STREET 3355 DEERFIELD PT DR							
JACKSONVILLE FL 32208		ORANGE PARK FL 32073			DO NOT WRITE IN THIS SPACE		
		US			Date Incorporated or Qualifed	IS SPACE	
					09/18/1996		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21		26			59-3405475	<u>``</u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & State	e .	City & State			6. Election Campaign Financing	\$5.00	,
23		28			Trust Fund Contribution Added to Fees		
. Zip	Country				8. This corporation owes the current year		□No
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Registers		LJNO
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Registers	u Agent	
HUE	HAM, SUSAN G						
ROBERT T. HOOD & ASSOCIATES, INC.			82	Street	Address (P.O. Box Number is Not Acceptable)		
	CENTURY 21 DRIVE, SUITE 115		83				
	(SONVILLE FL 32216						
			84	City	F	85 Zip C	ode
44 Dureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes.	the above	-named	annuation authorite this statement for the gurnose	of changing its	registered
l office or s	registered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was auth	iorized by	tne como	pration's board of directors. I hereby accept the app	ointment as reg	jistered
,	im tamiliar with, and accept the obligat	lions of, Section 607.0303, Florida	a Statutes	•			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Agen	t signature r	equired when reinstating) DATE		
12.		OFFICERS AND DIRECTORS		,	ADDITIONS/CHANGES TO OFFICERS		RS IN 12 Addition
TITLE	Р	☐ DELETÉ	1.1 TITLE		The CLOUDIA	Change	Addition
NAME	SIECKER, DANIEL J		1.2 NAME		SIECKER, CLOUDIA 3355 DERRIELD PT DR		į
STREET ADDRESS			1.3 STREET	ADDRESS	3355 DEER PILLO 17		,
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY-ST	r-ZIP	ORANGE PARK, FL 32073	Change	Addition
गारिष्ट		☐ DELETE	2.1 TITLE			Change	
NAME			2.2 NAME				
STREET ADDRESS		•	2.3 STREET 2. 4 CITY-S				
CITY-ST-ZIP		2.41 ☐ DELETE 3.11		1-212		Change	Addition
TITLE		C. Dette.	3.1 NAME			_ ,	_
NAME			3.3 STREET	ADDRESS			
STREET ADDRESS			3.4. CITY-S		, , , ,		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	1-21		☐ Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			_
CITY-ST-ZIP .			5.4 CITY-S	I-ZIP.			<u> </u>
TITLE		☐ DELE TE	6.1 TTLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	•		6.3 STREET				
CITY-ST-ZIP	1		6.4 CITY-ST	Γ- 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.

SIGNATURE!