

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000056751 (5)

1. Corporation Name  
TROPICAL LAUNDRY, INC.



Principal Place of Business

~~445-26 STATE RD 13 N, SUITE 300~~  
JACKSONVILLE FL 32259

Mailing Address

~~445-26 STATE RD 13 N, SUITE 300~~  
JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1997

2. Principal Place of Business

21 3617 CROWN PT. RD.

22 Suite, Apt. #, etc.  
SUITE #7

23 City & State  
JACKSONVILLE, FL

24 Zip Country  
32257 USA

2a. Mailing Address

26 3617 CROWN PT. RD.

27 Suite, Apt. #, etc.  
SUITE #7

28 City & State  
JACKSONVILLE, FL

29 Zip Country  
32257 USA

4. FEI Number

59-3465157

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH A

~~445-26 STATE RD 13 N, SUITE 300~~  
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name MEREDITH ALLEN HERNANDEZ

82 Street Address (P.O. Box Number is Not Acceptable)  
3617 CROWN POINT RD. #7

83

84 City JACKSONVILLE,

FL

85 Zip Code  
32257

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 agree to, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/98

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME ALLEN, NORMA J

STREET ADDRESS ~~445-26 STATE RD 13 N, SUITE 300~~

CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE VSD ☐ DELETE

NAME HERNANDEZ, MEREDITH A

STREET ADDRESS ~~445-26 STATE RD 13 N, SUITE 300~~

CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 3617 CROWN POINT RD. #7

1.3 STREET ADDRESS JACKSONVILLE, FL 32257

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 3617 CROWN POINT RD. #7

2.3 STREET ADDRESS JACKSONVILLE, FL 32257

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE *[Signature]* 4/2/98 (904)  
32259-8999

CR2E034 (10/97)