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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700060389

į	Principal Place of Business
J	1305 NORTH 9TH AVENUE

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90024 036 ***150.00

ULEAN S	GENE LAUNDRY, INC.								
Principal Place	e of Business	Mailing Address			((ABISI ABIII ABIID AII		BLIO 1011 1081	
1305 NORTH 9T		1305 NORTH 9TH AVEN	11F						
PENSACOLA FL		PENSACOLA FL 32503			DO NOT W	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualif				
					07/11/1997			ĺ	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
	acc of Business	26	— ·				No	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			<u>59-3459132</u>		\$8.75	dditional	
22		27			5. Certifcate of Status Desired		Fee Re	quired	
City & Stat	8	City & State			6. Election Campaign Financir	1g 🗆	\$5.00	May Be .	
23		28			Trust Fund Contribution	<u>-</u>	Added t	Fees	
Zip	Country	Zip		untry	8. This corporation owes the c			_	
24	25	29	30		Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent		24 1	10. Name and Address of New	w Registered A	gent		
CANI	DEADT SCATT B			81 Name	BASS+ SANDA	ORT ALL	conti	m/strc	
	DFORT, SCOTT B E ZARAGOZA ST STE 206			82 Street Ad	dress (P.O. Box Number is Not Acce	ntable)			
	SACOLA FL 32501				127 EZAKAGE	5 ZA 37	716	206	
PENC	SACOLA FL 32301			83	PensaculA	EL	32	501	
				84 City	<u> </u>	FL	85 Zip (ode 7	
							<u> </u>		
			tutos the s	hous named co	moration submits this statement for t	he numose of ch	nanging its	registered L	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Sta of Florida. Such change wa	ntutes, the a	above-named co d by the corpora	rporation submits this statement for tion's board of directors. I hereby ac	he purpose of checept the appoint	nanging its ment as re	registered gistered	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of, Section 607.0505,	rionoa Siai	lutes.					•
11. Pursuant office or reagent. I as	m familiar with, and accept the obligat	ions of, Section 607.0505,	rionda stat	iuies. 55 ≠54~	SFORT Account				5
agent. I ai	m familiar with, and accept the obligation	and title if applicable. (N	rionda stat	lutes.	SFORT Account	Joseph DATE	T-c	1/13/5	<u>ئ</u>
agent. I ai	m familiar with, and accept the obligate symptoms of pointed name of pointed agont OFFICERS AND	and title if applicable. (N	OTE: Registered	SS + S4 -	wront According	DATE OFFICERS AND	T-c	1/13/5	(11/06)
agent. I as SIGNATURE	of FICERS AND	and title if applicable. (N	OTE: Registered	Agent signature requ	wront According	DATE OFFICERS AND	Z~c	1/13/5 RS IN 12	24 (44/00)
agent. I at SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligate symptoms of pointed name of pointed agont OFFICERS AND	and title if applicable. (N	13. 1.1 TI 1.2 N	Agent signature requ	wront According	DATE OFFICERS AND	Z~c	1/13/5 RS IN 12	11004 (44,000)
SIGNATURE 12.	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	and title if applicable. (N	13. 1.1 TI 1.2 N	AME	wront According	DATE DATE	Z~ c DIRECTO ☐ Change	RS IN 12	DOTEON (44,00)
agent. Fai SIGNATURE 12. TITLE NAME STREET ADDRESS	officers and PSTD MAGEE, KEITH	and title if applicable. (N	13. 1.1 TI 1.2 N	Agent signature requirements TILE AAME TREET ADDRESS ITY-ST-ZIP	wront According	DATE DATE	Z~c	1/13/5 RS IN 12	(90/11/06)
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	and title if applicable. (N	13. 1.1 TI 1.2 N 1.3 S 1.4 CI	Agent signature required in the signature re	wront According	DATE DATE	Z~ c DIRECTO ☐ Change	RS IN 12	(44/00)
agent. Fair SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	and title if applicable. (N	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N	Agent signature required in the signature re	wront According	DATE DATE	Z~ c DIRECTO ☐ Change	RS IN 12	CD2E024 (44/08)
agent. Fair SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	and title if applicable. (N D DIRECTORS DELETE	13. 1.1 TI 12.N 1.3 \$ 1.4 CI 2.1 TI 2.2 N 2.3 \$	INCES. SS F J A Agent signature required in the second i	wront According	DEFICERS AND	DIRECTO Change	RS IN 12 Addition	COOLEAN (44/00)
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	and title if applicable. (N	13. 1.1 TI 12.N 1.3 \$ 1.4 CI 2.1 TI 2.2 N 2.3 \$	ITLE AAME ITREET ADDRESS ITY-ST-ZIP ITREET ADDRESS ITY-ST-ZIP ITREET ADDRESS ITY-ST-ZIP ITREET ADDRESS ITY-ST-ZIP	wront According	DEFICERS AND	Z~ c DIRECTO ☐ Change	RS IN 12	CD2E034 (41/08)
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	and title if applicable. (N D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 CI	ITLE AAME ITREET ADDRESS ITY-ST-ZIP ITLE AAME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE	wront According	DEFICERS AND	DIRECTO Change	RS IN 12 Addition	CD2EA24 (44,600)
agent. Fai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	and title if applicable. (N D DIRECTORS DELETE	13. 1.1 TI 12.N 1.3 \$ 1.4 CI 2.1 TI 2.2 N 2.3 \$ 2.4 CI 3.1 TI 3.2 N	ITLE AAME ITREET ADDRESS ITY-ST-ZIP ITLE AAME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP ITLE	wront According	DEFICERS AND	DIRECTO Change	RS IN 12 Addition	(44,08)
agent. Fai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	ons of, Section 607,0505, and title if applicable. (N D DIRECTORS DELETE	13. 1.1 TI 12.N 1.3 \$ 1.4 CI 17 TI 1	ITLE AAME ITREET ADDRESS ITY-ST-ZIP	wront According	DATE DATE OFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition	CDDE034 (44/00)
agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	and title if applicable. (N D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 CI 3.1 TI 3.2 N 3.3 S 3.4 CI 4.5 TI	Agent signature required in the signature requirement in the signature requirement in the signature in the signatu	wront According	DATE DATE OFFICERS AND	DIRECTO Change	RS IN 12 Addition	CD2E024 (44,00)
agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	ons of, Section 607,0505, and title if applicable. (N D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N	Agent signature requirements TREET ADDRESS TTY-ST-ZIP TITLE AAME TREET ADDRESS TTY-ST-ZIP TITLE AAME TREET ADDRESS TTY-ST-ZIP TITLE TREET ADDRESS TTY-ST-ZIP TITLE TREET ADDRESS TTY-ST-ZIP TITLE TREET ADDRESS TTY-ST-ZIP TITLE TREET ADDRESS	wront According	DATE DATE OFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition	CD0E034 (44/08)
agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS: CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	ons of, Section 607,0505, and title if applicable. (N D DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	Agent signature required in the signature requirement in the signature in the si	wront According	DATE DATE OFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition	(00/11/ 40/100)
agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	ons of, section 607,0505, and title if applicable. (N D DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C	Agent signature required in the signature in t	wront According	DATE DEFFICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition	CD2E034 (11/08)
agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	ons of, Section 607,0505, and title if applicable. (N D DIRECTORS DELETE	13. 1.1 TI 12.N 1.3 \$ 1.4 CI 17.	AGENT SIGNATURE FROM	wront According	DATE DEFFICERS AND	DIRECTO Change Change	RS IN 12 Addition Addition	CD2E024 (44,00)
agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	ons of, section 607,0505, and title if applicable. (N D DIRECTORS DELETE DELETE	Tiphoda State 13. 11 Ti 12 N 1.3 S 1.4 C 2.1 Ti 22 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C	Agent signature required in the signature in t	wront According	DATE DEFFICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition	CD0E001 (11(00)
agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	ons of, section 607,0505, and title if applicable. (N D DIRECTORS DELETE DELETE	Tipolog State 13. 11 Ti 12 N 138 14 Ci 21 Ti 22 N 23 Si 24 Ci 31 Ti 32 N 33 Si 44 Ci 51 Ti 52 N 53 Si 53 Si 54 Si 55 Si 55 Si 55 Si 56 Si 57 Si 58	ITLE AAME TREET ADDRESS STY-ST-ZIP TITLE AAME TREET ADDRESS STY-ST-ZIP TITLE AAME TREET ADDRESS STY-ST-ZIP TITLE TREET ADDRESS STY-ST-ZIP TITLE TREET ADDRESS STY-ST-ZIP TITLE TREET ADDRESS STY-ST-ZIP TITLE TREET ADDRESS TY-ST-ZIP TITLE TREET ADDRESS	wront According	DATE DEFFICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition	CD2E024 (41/08)
agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	OD DIRECTORS DELETE DELETE DELETE	Tipolog State 13. 11 Ti 12 N 138 14 Ci 21 Ti 22 N 23 Si 24 Ci 31 Ti 32 N 33 Si 44 Ci 51 Ti 52 N 53 Si 54 Ci 55 Ti 55 N	AME ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP	wront According	DATE DEFFICERS AND	DIRECTO Change Change Change Change	RS IN 12 Addition Addition	CB2E024 (44,08)
agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE TITLE	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	ons of, section 607,0505, and title if applicable. (N D DIRECTORS DELETE DELETE	Tipolog State 13. 11 Ti 12 N 13 S 14 C 21 Ti 22 N 23 S 24 C 31 Ti 32 N 33 S 44 C 51 Ti 52 N 53 S 66 Ti	ITLE AAME TREET ADDRESS STY-ST-ZIP TITLE	wront According	DATE DEFFICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition	CD0E004 (44/00)
agent. Tai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAGEE, KEITH 1305 NORTH 9TH AVENUE	OD DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	ITLE AAME TREET ADDRESS STY-ST-ZIP TITLE	wront According Heccord	DATE DEFFICERS AND	DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition	ODDETON (44 100)

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:

1/18/99 1-850-432-1595 Daytime Phone #