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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998 P97000099107 (9)

FILED Apr 29 1998 8:00am Secretary of State

SUNSHINE COIN LAUNDRY AND Principal Place of Business 3 W. NINE MILE ROAD PENSACOLA FL 32514	Mailing Address 3 W. NINE MILE ROAD PENSACOLA FL 32514		DO NOT WRITE IN THE	
			3. Date Incorporated or Qualified	
			11/18/1997	
2. Principal Place of Business	26. Mailing Address		4. FEI Number 59 - 3492647	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-	\$8.75 Additional
22	27	<u> </u>		Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the c	
24 32534 25	20 32534 3	0	Personal Property Tax due June 30.	Yes No
9, Name and Address of Curr	ent Registered Agent	81 Name	10, Name and Address of New Registere	d Agent
HILBERT, FAYE A 3 W. NINE MILE ROAD				
PENSACOLA FL 32514		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
		83		
		84 City		85 Zip Code
11 Pursuant to the provisions of Sections 607.05	502 and 607 1508. Florida Statutes	the above named corn	oration submite this statement for the numerose	
 Pursuant to the provisions of Sections 607.03 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli- 	te of Florida. Such change was aut	horized by the corporati	ion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	rgations of, ocology our coop, thoric	ia olatita.		
Signatura, typed or printed name of registered a		legistered Agent signature require		
12. OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME TARE A STATE	at little	1.2 NAME	RESIDENT RESIDENT A. H. I bent S. W. 9 Mile Ad	Cuarde D-Hackbur
STREET ADDRESS & W. 9 Potrta Pot		1.3 STREET ADDRESS	W. 9 Mile Rd	
CITY-ST-ZIP PENSACULA, 71	-3253Y	1.4 CITY-ST-ZIP	ENSACOLA, 71 32534	
TITLE	DELETE	2.1 TITLE		Change Addition
NAME A LANGE		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		3.2 NAME		and any and a second
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	L_ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS		4.2 NAME		
CATY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		52 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	T DELEVE	5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS		6.2 NAME		
STREET ADDRESS CITY-ST-ZIP		6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I hereby certify that the information supplied	with this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

initionated 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 a 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.

4/2/98 850-477-9438