

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S18266

(4)

1. Corporation Name

BGM LAUNDRY SERVICES, INC.

Principal Place of Business

**3345 HENRY J. AVENUE
ST CLOUD FL 34772**

Mailing Address

**PO BOX 702075
ST CLOUD FL 34770-2075
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1990	3a. Date of Last Report 05/01/1994
4. FET Number 59-3043474	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
9. This corporation has liability for a corporate tax under s. 199.005, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

2a. Mailing Address

25. Suite, Apt. #, etc.

27. City & State

28. Zip

9. Name and Address of Current Registered Agent

**OSTRIN, WILLARD
7903 MANITOBA PL
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature must be of the registered agent and the corporation)

(Signature must be of the registered agent and the corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	OSTRIN, WILLARD
STREET ADDRESS	7903 MANITOBA PLACE
CITY, ST, ZIP	ORLANDO FL
TITLE	VS
NAME	SPENCER, MICHAEL
STREET ADDRESS	3345 HENRY J. AVENUE
CITY, ST, ZIP	ST CLOUD FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(h)(4), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if my name appears in Block 12 or Block 13 of this report or on an affidavit filed with an address.

SIGNATURE:

Willard Ostrin
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR

6-26-95

(407) 541-6428

CR2E004 (3/95)