SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

S65685

(7)

DAVAD	CHESTER	ı	ALIMIDIDA	DEDAID	IMC
IJAVIIJ	CHESTER	ŀ	AHNIJHY	HEPAIK.	INL

DAVID CHESTER LAUNDRY REPAIR, INC. Principal Place of Business Mailing Address								
		2639 BALDWIN D	3 S					
2639 BALDWIN DR S TALLAHASSEE FL 32308			TALLAHASSEE FL 32308			3. Date Incorporated or Qualified 3a. Date of Last Report 07/12/1991 05/15/1995		
2. Principa! Pl	ace of Business	2a. Mailing Addres	SS			4. FEI Number	Applied For	
21		26				59-3073441	Not Applicable	
Suite, Apt. #, etc		<u>├</u> ¬	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22		City & State				6. Election Campaign Financing	\$5.00 May Be	
City & State		28	F-1 '			Trust Fund Contribution	Added to Fees	
Zip Country		Zip				8. This corporation has liability for intangible tax ander s. 19		
24	25	29	30			Florida Statutes	Yes No	
	9. Name and Address of Curre	ent Registered Agent		-		10. Name and Address of New Re	gistered Agent	
СН	IESTER, DAVID			81	Name			
	39 BALDWIN DR S			82	Street Add	ress (P.O. Box Number is Not Acceptat	le)	
TA:	LLAHASSEE FL 32308			83				
'	•							
^				84	City		FL 85 Zip Code	
- office or r	to the provisions of Sections 607.05 to get stered agent, or both, in the Starm familiar with, and accept the obli-	te of Florida, Such change gations of, Section 607 05	was authori 605, Florida S	red by tatutes.	ine corporal	poration submits this statement for the p pion's board of directors. I hereby accept and whencestating:	DA's	
12.		IND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFI		
TiTLE	OP	L DEL	ETE 1	1 TITLE	ļ		Change Addition	
NAME	CHESTER, DAVID			2 NAME				
STREET ADDRESS	2639 BALDWIN DR S				ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL	DEL		1.4 CITY - S	T-ZIP		Change Addition	
TITLE		D.C.		2 NAME				
NAME					ADORESS			
STREET ADDRESS				4 City				
CITY-ST-ZIP TITLE		DEL		1 TITLE	,		Change Addition	
NAME			3	32 NAME				
STREET ADDRESS			3	3 STREET	ADDRESS			
CITY - ST - ZIP				34 CITY -	ST - ZIP			
TITLE		L DEI	ETE 4	4 1 TITLE			Change Addition	
NAME			! •	4. 2 NAME				
STREET ADDRESS			4	43 STREET	ADDRESS			
CITY - ST - ZIP				4.4 CITY - S	ST-ZIP		Change Addition	
TITLE		☐ DEI		5 1 TITLE		20000188		
NAME				5.2 NAME	r ADDOCCC	20000188 -07/03/96010	151034	
STREET ADDRESS					ADDRESS	***225.00		
CITY-ST-ZIP		, ne		5 4 CITY - : 6 1 TITLE	51 - ZIF		Change Addition	
TITLE				6 2 NAME			~ ~ ~/	
NAME PERSON ADORESS					T ADDRESS		1/0 10	
STREET ADORESS				6 4 C/TY-1			16 76	
CITY - ST - ZIP						all for the expension stated in Section	110 07/21/k) Florida Stabilas I	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K). 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-96 Stub 016061

CR2E034 (3/96)