FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S71537** **(2)**

1. Corporate Name
BAY LAUNDRY SYSTEMS, INC.

Principal Place of Business	Mailing Address
28 SOUTHWIND DRIVE BELLEAIR BLUFFS FL 34640	28 SOUTHWIND DRIVE BELLEAIR BLUFFS FL 34640

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1668 Harbor Circle W	26 1668 Harbor Circle W
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Largo, FL	City & State 28 Largo, Fl
Zip 24 34640 County 25 Pinellas	Zip 29 34640 County 30 Pinellas

3. Date Incorporated or Qualified: 08/05/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3085787 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LYONS, GARY W 311 S MISSOURI AVE CLEARWATER FL 34616	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ________ Date ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	President ☒ Change ☐ Addition
NAME	LEYSHOCK, DENISE L	1.2 NAME	David E. Lesh
STREET ADDRESS	28 SOUTHWIND DR	1.3 STREET ADDRESS	1668 Harbor Circle W.
CITY-ST-ZIP	BELLEAIR BLUFF FL	1.4 CITY-ST-ZIP	Largo F 34640
TITLE	PD	2.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	LESH, ROBIN	2.2 NAME	Robin Lesh
STREET ADDRESS	1668 HARBOR CIRLCE	2.3 STREET ADDRESS	1668 Harbor Circle W
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	Largo, Fl 34640
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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: David E. Lesh David E. Lesh 4-30-95 (813) 710-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0489697 FP