

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V03916

(6)

1. Corporation Name

SANTIVA LAUNDRY, INC.

95 JUL 28 PM 1:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

11690 CARAVEL CIR
FT MYERS FL 33908
US

Mailing Address

11690 CARAVEL CIR
FT MYERS FL 33908
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1991

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 A104

Suite, Apt. #, etc.

22 Fort Myers, Florida

City & State

23 33908

Zip

24

Country

2a. Mailing Address

26 A104

Suite, Apt. #, etc.

27 Fort Myers, Florida

City & State

28 33908

Zip

29

Country

30 Lee

4. FEI Number
65-0368555

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. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARRIGER, ANN
11690 CARAVEL CIR
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

15120 Ports of Iona Drive

Fort Myers, Florida 33908

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

(Signature must be attested by a notary public or other authorized officer.)

(Signature must be attested by a notary public or other authorized officer.)

(Date)

12. OFFICERS AND DIRECTORS

12.1 TITLE

NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.4 TITLE

NAME

12.5 STREET ADDRESS

12.6 CITY, ST, ZIP

12.7 TITLE

NAME

12.8 STREET ADDRESS

12.9 CITY, ST, ZIP

12.10 TITLE

NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 TITLE

NAME

12.14 STREET ADDRESS

12.15 CITY, ST, ZIP

12.16 TITLE

NAME

12.17 STREET ADDRESS

12.18 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 199.032(3)(b), Florida Statutes. I further certify that the information and effect on this annual report or supplemental annual report is from 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 true owner or transferee required to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13 of this report or on attachment with an address.

SIGNATURE:

Ann Carriger

Ann Carriger

7/23/95

813-481-1313