

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V03916** (6)

1. Corporation Name
SANTIVA LAUNDRY, INC.



Principal Place of Business
**15120 PORTS OF IONA DRIVE
A104
FORT MYERS FL 33908
US**

Mailing Address
**15120 PORTS OF IONA DRIVE
A104
FORT MYERS FL 33908
US**

3. Date Incorporated or Qualified **12/31/1991** 3a. Date of Last Report **07/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0368555	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**CARRIGER, ANN
15120 PORTS OF IONA DRIVE
FORT MYERS FL 33908**

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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SECRETARY
NAME	CARRIGER, ANN	1.2 NAME	
STREET ADDRESS	15120 PORTS OF IONA DRIVE, A104	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FORTS MYERS FL	1.4 CITY-STATE-ZIP	
TITLE		2.1 TITLE	PRESIDENT
NAME		2.2 NAME	MICHAEL KETCHUM
STREET ADDRESS		2.3 STREET ADDRESS	2451 JASPER AVENUE
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	FT MYERS, FL 33907
TITLE		3.1 TITLE	VICE PRESIDENT
NAME		3.2 NAME	CHRIS CRESCI
STREET ADDRESS		3.3 STREET ADDRESS	5863 NORTHERN DANCER DRIVE
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	MACON, GA 31210
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. 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 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: *Ann Carriger* **ANN CARRIGER** 4-25-96 (941) 463-6761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)