

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90274 008 \*\*\*150.00

DOCUMENT # V 55176 ✓

1. Corporation Name

BEST LAUNDRY EQUIPMENT, INC.

Principal Place of Business

1127 N. JEFFERSON  
SARASOTA, FL 34237

Mailing Address

1127 N. JEFFERSON  
SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
8/4/1992

4. FEI Number  
65-0345108

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1127 N. JEFFERSON

Suite, Apt. #, etc.

22

City & State

23 SARASOTA, FL

Zip

24 34237

Country

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SMITH, ROY C.  
5149 BOCA RATON AVE.  
SARASOTA, FL 34234

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS  
NAME SMITH, ROY C.  
STREET ADDRESS 5149 BOCA RATON AVE.  
CITY-ST-ZIP SARASOTA, FL 34234 ☐ DELETE

TITLE T  
NAME SMITH, BARBARA SUE  
STREET ADDRESS 5149 BOCA RATON AVE.  
CITY-ST-ZIP SARASOTA, FL 34234 ☐ DELETE

TITLE V  
NAME SMITH, ROY  
STREET ADDRESS 2304 60TH AVE. WEST  
CITY-ST-ZIP BRADENTON, FL 34207 ☐ DELETE

TITLE V  
NAME SMITH, CY BENJAMIN  
STREET ADDRESS 1259 34TH STREET  
CITY-ST-ZIP SARASOTA, FL 34234 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Roy Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY SMITH

4/19/99 941-366-7323

Date

Daytime Phone #

CR2E034 (11/98)