SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 28 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V69990** **(2)**

1. Corporation Name

TOC LAUNDRY SYSTEMS, INC.

Principal Place of Business	Mailing Address
100 AVENUE A. STE 2A 1F FT PIERCE FL 34950 US	100 AVENUE A. STE 2A STE 1F FT PIERCE FL 34950 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/09/1992**
3a. Date of Last Report: **08/12/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: **65-0321628** ☐ 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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PEARSALL, CHARLES W.
100 AVE A, STE 1F
FT PIERCE FL 34950

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CALDERA, MANUEL	12 NAME	900001550459
STREET ADDRESS	74-900 HWY III, STE 221	13 STREET ADDRESS	-08/01/95--01058--007
CITY-ST-ZIP	INDIAN WELLS CA	14 CITY-ST-ZIP	****233.75 ****233.75
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	PEARSALL, CHARLES W.	22 NAME	
STREET ADDRESS	100 AVE A, STE 1F	23 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ELDRED, LANSTON	32 NAME	
STREET ADDRESS	74-900 HWY 111 STE 223	33 STREET ADDRESS	
CITY-ST-ZIP	INDIAN WELLS CA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ARCHIE	42 NAME	
STREET ADDRESS	74-900 HWY III, STE 221	43 STREET ADDRESS	
CITY-ST-ZIP	INDIAN WELLS CA	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	DELETE ☒ Change ☐ Addition
NAME	BYLSMA, JOHN	52 NAME	
STREET ADDRESS	11691 US HWY ONE	53 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL	54 CITY-ST-ZIP	
TITLE	VT	61 TITLE	DELETE ☒ Change ☐ Addition
NAME	RUST, GARY	62 NAME	
STREET ADDRESS	100 AVE A, STE 2A	63 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	64 CITY-ST-ZIP	RC

CR2E034 (3/95)

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: ARCHIE GARCIA TREASURER 619-346-9746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0110270 CP