

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

1996 SEP 20 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001965574
-10/04/96--01032--001
*****260.00 *****225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V69990

1. Corporation Name

TOC Laundry Systems, Inc.

Principal Place of Business

100 Avenue A
Suite 1-F
Ft. Pierce, FL 34950
US

Mailing Address

100 Avenue A
Suite 1-F
Ft. Pierce, FL 34950
US

3. Date Incorporated or Qualified
10/09/1992

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

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 Avenue A
Suite 1-F
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

Charles W. Pearsall, Vice President

Signature typed in print, name of registered agent, and title (if applicable)

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Manuel Caldera	
STREET ADDRESS	74-900 Hwy 111, Suite 221	
CITY-ST-ZIP	Indian Wells, CA 92210	
TITLE	Vice President	☐ DELETE
NAME	Charles W. Pearsall	
STREET ADDRESS	100 Avenue A, Suite 1-F	
CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE	Secretary	☐ DELETE
NAME	Lanston Eldred	
STREET ADDRESS	74-900 Hwy 111, Suite 223	
CITY-ST-ZIP	Indian Wells, CA 92210	
TITLE	Treasurer	☐ DELETE
NAME	Archie Garcia	
STREET ADDRESS	74-900 Hwy 111, Suite 221	
CITY-ST-ZIP	Indian Wells, CA 92210	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles W. Pearsall, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/96

CR2E034 (3/96)