

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

CORPORATION
ARTICLE REPORT

1995



FLORIDA DEPARTMENT OF STATE

Tallahassee, Florida

Secretary of State

Florida Statutes, Chapter 607

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:15

DOCUMENT # 642515

(1)

KREEPY KRAULY U.S.A., INC.

13801 NW 4TH STREET
SUNRISE FL 33325

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SUNRISE FL 33325

DATE OF FILING OF THIS STATE

3. Date of Incorporation or Reorganization: 10/22/1979
3a. Date of Last Report: 04/07/1994

2. Filing of this report is required by:	2a. Filing of this report is required by:	4. Filing of this report is required by:	Applied For:
21. Filing of this report is required by:	26. Filing of this report is required by:	59-1933161	Not Applicable
22. Filing of this report is required by:	27. Filing of this report is required by:	5. Certificate of Status Document	\$8.75 Additional Fee Required
23. Filing of this report is required by:	28. Filing of this report is required by:	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Filing of this report is required by:	29. Filing of this report is required by:	8. This corporation has liability for corporation tax under § 190.01, Florida Statutes.	Yes ☐ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VORBRICH, LARRY
1130 FAIRFAX LANE
FT. LAUDERDALE FL 33326

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, the president of the corporation, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office from the present office to the office in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am not relieved of the obligations of Section 607.0405, Florida Statutes.

Signature of President: _____ Date: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
NAME: PD CHAUVIER, DANIEL ADDRESS: 13801 NW 4 STREET CITY: SUNRISE FL	Change ☐ Addition ☐
NAME: VORBRICH, LARRY ADDRESS: 13801 NW 4TH STREET CITY: SUNRISE FL	Change ☐ Addition ☐
NAME: _____ ADDRESS: _____ CITY: _____	Change ☐ Addition ☐
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NAME: _____ ADDRESS: _____ CITY: _____	Change ☐ Addition ☐

14. I, the undersigned, certify that the information supplied in this filing is, so far as I know, true and correct, and I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR