

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

**APPROVED
AND
FILED**

95 APR 28 PM 2:22

CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G18952** (3)

1. Corporation Name

BEARSS PLAZA CLEANERS & LAUNDRY, INC.

Principal Place of Business

14946 NORTH FLORIDA AVE.
TAMPA FL 33613

Mailing Address

14946 NORTH FLORIDA AVE.
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1982

3a. Date of Last Report

03/25/1994

4. FEI Number

59-2270453

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 § 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26 J. Bob Humphries, Esquire

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 501 E. Kennedy Blvd. #1700

City & State

28 Tampa, Florida

24 Zip

Country

29 Zip

Country

33602

USA

9. Name and Address of Current Registered Agent

GREGORY, WILLIAM, ESQ.
715 SWANN AVE.
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

J. Bob Humphries

82 Street Address (P.O. Box Number is Not Acceptable)

Fowler, White et al

83

501 E. Kennedy Blvd., #1700

84 City

Tampa

85 Zip Code

FL

33602

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 officer or director

(NOTE: Registered Agent signature required when registering)

DATE

4/27/95

12. OFFICERS AND DIRECTORS

TITLE

PST
MCNATT, HENRY, JR.
14946 N. FLORIDA AVE.
TAMPA FL

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

D
MCNATT, HENRY, JR.
14946 N. FLORIDA AVE.
TAMPA FL

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

AS

Change

Addition

1.2 NAME

Humphries, J. Bob
501 E. Kennedy Blvd.
Tampa, Florida 33602

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

3000014758099
-05/04/95--01017--005
****200.00 ****200.00

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 liquidator thereof and that my signature is required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable or on an attachment with an address.

SIGNATURE:

J. Bob Humphries, Asst. Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

(813) 222-1173