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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 Mailing Address
14946 NORTH FLORIDA AVE. TAMPA FL 33613 **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**

6. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **J. Bob Humphries, Esquire**
22 City & State 27 **501 E. Kennedy Blvd. #1700**
23 **Tampa, Florida**
24 Zip 25 Country 29 **33602** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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]* DATE **4/27/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	MCNATT, HENRY, JR.
STREET ADDRESS	14946 N. FLORIDA AVE.
CITY ST ZIP	TAMPA FL
TITLE	D
NAME	MCNATT, HENRY, JR.
STREET ADDRESS	14946 N. FLORIDA AVE.
CITY ST ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	AS
13 STREET ADDRESS	Humphries, J. Bob
14 CITY ST ZIP	501 E. Kennedy Blvd. Tampa, Florida 33602
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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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 name appears in Block 12 or Block 13 if applicable or on an attachment with an address.

SIGNATURE: *[Signature]* **J. Bob Humphries, Asst. Sec.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/27/95** (813) 222-1173