

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 APR 29 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G18952** (3)

1. Corporation Name

BEARSS PLAZA CLEANERS & LAUNDRY, INC.



100001799171
-04/29/96--01076--020
***200.00 ***200.00

Principal Place of Business 14946 NORTH FLORIDA AVE. TAMPA FL 33613	Mailing Address C/O J. BOB HUMPHRIES, ESQUIRE 501 W. KENNEDY BLVD., #1700 TAMPA FL 33602
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3. Date Incorporated or Qualified 12/27/1982	3a. Date of Last Report 04/28/1995
4. FET Number 59-2270453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUMPHRIES, J. BOB
FOWLER, WHITE ET AL
501 E. KENNEDY BLVD., #1700
TAMPA FL 33602**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 registered agent and (if applicable)

(207) Registered Agent Signature required when resubmitting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCNATT, HENRY, JR. 14946 N. FLORIDA AVE. TAMPA FL <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUMPHRIES, J. BOB 501 E. KENNEDY BLVD. TAMPA FL <input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP

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

4/25/96

(813) 222-1173
Daytime Phone #

CR2E034 (12/95)