

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

DOCUMENT # P93000044813

1. Corporation Name

The Clothes Nook Inc

900001837549  
-05/23/96--01097--007  
\*\*\*225.00

Principal Place of Business

Mailing Address

1330 Tampa Rd  
Palm Harbor, FL 34683

3. Date Incorporated or Qualified

June 25, 1993

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21 1330 Tampa Road

26 1330 Tampa Rd.

4. FET Number

59-3195248  
P93000044813

Applied For

Not Applicable

22 Suite, Apt. #, etc

Unit 306

27 Suite, Apt. #, etc

Unit 306

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

Palm Harbor, FL

28 City & State

Palm Harbor, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

34683

25 Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gary W. Lyons Esquire  
311 S. Missouri AV.  
Clearwater, Florida 34616

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

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
NAME Marybeth Johnson, Pres.  
STREET ADDRESS 1322 Peach Tree  
CITY-ST-ZIP Palm Harbor, FL 34683

1.2 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marybeth Johnson Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96

Date

(813) 785-0466

Daytime Phone #

CR2E034 (12/95)