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FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 335590 (6)

1. Corporation Name  
CLEGHORN'S, INC.

Principal Place of Business ~~THIS STORE WAS CLOSED 8/1/96~~  
4770 SOUTH FLORIDA AVENUE 4770 SOUTH FLORIDA AVENUE  
LAKELAND FL 33803-2181 LAKELAND FL 33803-2181

2. Principal Place of Business  
21 CLEGHORNS INC.

Suite, Apt. #, etc.

22 2115 SOUTH FLORIDA AVENUE

City & State

23 LAKELAND, FLORIDA

Zip

24 33803

Country

25 USA

2a. Mailing Address

26 CLEGHORNS INC.

Suite, Apt. #, etc.

22 2115 SOUTH FLORIDA AVENUE

City & State

28 LAKELAND, FLORIDA

Zip

29 33803

Country

30 USA

3. Date Incorporated or Qualified  
09/26/1968

3a. Date of Last Report  
04/23/1996

4. FEI Number  
59-1220540

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 s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLEGHORN, DOROTHY T.  
1904 DELCREST PLACE  
LAKELAND FL 33803

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
P CLEGHORN, DOROTHY T.  
STREET ADDRESS  
1904 DELCREST PLACE  
CITY-ST-ZIP  
LAKELAND FL

TITLE ☐ DELETE

NAME  
V VERRAULT, MELISSA C.  
STREET ADDRESS  
1904 DELCREST PLACE  
CITY-ST-ZIP  
LAKELAND FL

TITLE ☐ DELETE

NAME  
S CLEGHORN, T. JACKSON JR.  
STREET ADDRESS  
2125 S. FLORIDA AVENUE  
CITY-ST-ZIP  
LAKELAND FL

TITLE ☐ DELETE

NAME  
T CLEGHORN, ROBERT A.  
STREET ADDRESS  
233 CRESCENT LAKE COURT  
CITY-ST-ZIP  
LAKELAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CR2E034 (9/96)