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Apr 19, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 335590

1. Corporation Name
CLEGHORN'S, INC.

Principal Place of Business

2115 SOUTH FLA AVE
LAKELAND FL 33903
US

Mailing Address

2115 SOUTH FLA AVE
LAKELAND FL 33903
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1968

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 owes the current year Intangible
Personal Property Tax.

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 ROBERT A. CLEGHORN

82 Street Address (P.O. Box Number is Not Acceptable)
233 CRESCENT LAKE COURT

83

84 City LAKELAND

85 FL 33813

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 Robert A. Cleghorn TREAS.

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

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

TITLE V ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE T ☐ DELETE

NAME 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 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, with all other like empowered.

SIGNATURE: ROBERT A. CLEGHORN, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/99 941/ 687-4410

Daytime Phone #

CR2E034 (11/98)