FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 539466 1. Corporation Name

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90099 023 ***150.00

| BHEEZE | WOOD LAUNDRY, INC. | | | | |
|---|--|--------------------------------|---|--|--------------------|
| Principal Place | e of Business Mailing Address | | | '' i littiti bribe tills seit diblit bilift dirt binit difft sibit bidit bilift. | ينيك الالالالالالا |
| 2300 S HWY 17-92 110 E. ROBERTS ST. 2300 SOUTH HWY. 17-92 ORANGE CITY FL 32763 US | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/18/1977 | |
| 2 Dringing D | lace of Business 2a. Mailing Address | | | (4. FEI Number Applied I | For |
| $ \sim$ \sim | | ER | JG S | Z 59-1748577 Not Appl | |
| 21 え <u>ろ</u> ひ Suite, Apt. | 0 92:7124 7 : 10 20 172 = 11(-2 | _ / _ | <u>,, , , , , , , , , , , , , , , , , , ,</u> | \$8.75 Additio | |
| 22 | 27 | | | 5. Certificate of Status Desired Fee Required | |
| City & State | | | <i>ن</i> ہے ، | 6. Election Campaign Financing S5.00 May E | 3e |
| 23 ORA | NOECITU LLA ZE ORANGE C | 1/1 | 4 12 | Trust Fund Contribution Added to Fee | |
| Zip 32' | 763 25 VOLUSIA29 32763 30 | Country Vo | 145% | 8. This corporation owes the current year Intangible Personal Property Tax. | , |
| | 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | |
| | | 81 | Name | | |
| BOIES, MARVIN | | | Street Add | tress (P.O. Box Number is Not Acceptable) | |
| | E. ROBERTS | | | | |
| ORA | NGE CITY FL 32763 | 83 | | | |
| | | 84 | City | FL 85 Zip Code | |
| 11. Pursuant office or ragent. I a | to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authorion familiar with, and accept the obligations of, Section 607.0505, Florida S | e above zed by statutes. | e-named_cort the corporati | | ered |
| 0,0,1,110112 | Cignature, types of printed famile and a second sec | | t signature requir | red when reinstating) DATE | 140 |
| 12. | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ☐ Change ☐ | Addition |
| TITLE | - | .1 TITLE | | Change | , 10010011 |
| NAME | poleo, illiativit | .2 NAME | | | |
| STREET ADDRESS | 1.0 2 1.0021.10 | | ADDRESS | ϵ_{\star} | |
| CITY-ST-ZIP | | .4 CITY-ST .1 TITLE | r-ZIP | . Change | Addition |
| TITLE | - | 2 NAME | | | |
| NAME | DOILO, GETHINGTON | | ADDRESS | | 1 |
| STREET ADDRESS | 710 2 110021110 01 | | | | |
| CITY-ST-ZIP | ORANGE CITY FL 2.40 V □ DELETE 3.1 ft | | 1-212 | ☐ Change ☐ | Addition |
| TITLE NAME | BOIES, DAVID | | | • • • - | |
| } | | | ADDRESS | | 1 |
| STREET ADDRESS | | .4. CITY-S | 1 | | |
| CITY-ST-ZIP TITLE | | .1 TITLE | 1-21- | ☐ Change | Addition |
| NAME | | 2 NAME | | · | |
| STREET ADDRESS | · | | ADDRESS | | 1 |
| CITY-ST-ZIP | | .4 CITY- ST | | | |
| TITLE | | .1 TITLE | | ☐ Change ☐ | Addition |
| NAME | 5 | .2 NAME | | | |
| STREET ADDRESS | 5 | 3 STREET | ADDRESS | | |
| CITY-ST-ZIP | 5 | 4 CITY-S1 | F-ZiP | | |
| TITLE | ☐ DELETE 6 | 1 TITLE | | ☐ Change ☐ | Addition |
| NAME | 6 | .2 NAME | | | |
| | | | ADDRESS | | |

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.