

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90010 003 \*\*\*550.00

DOCUMENT # **574511** ✓

1. Corporation Name  
**BERNICE'S, INC.**



Principal Place of Business  
**231 SOUTH FLORIDA AVE.  
LAKELAND FL 33801-4621  
US**

Mailing Address  
**231 SOUTH FLORIDA AVE.  
LAKELAND FL 33801**

DO NOT WRITE IN THIS SPACE

**CHANGE MAILING ADDRESS TO:**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **BERNICE'S INC.**

22 City & State

27 Suite, Apt. #, etc.

**2115 SOUTH FLORIDA AVENUE**

23 Zip Country

28 **LAKELAND, FLORIDA**

24 Zip 25 Country

29 **33803** 30 **USA**

3. Date Incorporated or Qualified

**07/01/1978**

4. FEI Number

**59-1838241**

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.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CLEGHORN, T.J.  
1904 DELCREST DRIVE  
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **CLEGHORN, BERNICE S.**  
STREET ADDRESS **2626 NEVADA ROAD**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **S** ☐ DELETE  
NAME **CLEGHORN, JACK**  
STREET ADDRESS **1904 DELCREST PL.**  
CITY-ST-ZIP **LAKELAND FL**

TITLE **AS** ☐ DELETE  
NAME **MOORE, HENRIETTA (ASS'T)**  
STREET ADDRESS **11 IMPERAIL DR.**  
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

**BOB CLEGHORN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/5/99** **941-687-4410**

CR2E034 (5/99)