FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am DOCUMENT # F00000006239 **Secretary of State** 1. Entity Name 01-21-2002 90018 031 ***150.00 TROPHY CLEANERS, INC. Principal Place of Business Mailing Address -P.O. BOX 1084 P.O. BOX 1084 Tage high in the single TYLER TX-75710 **TYLER TX 75710** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2618242 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, WILLIAM B IV Street Address (P.O. Box Number is Not Acceptable) 400 N TAMPA STREET, SUITE 2300 **TAMPA FL 33602** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) **K** Addition TITLE ☐ Delete TITLE ☐ Change GARRETT, JOHN R NAME NAME 225 SOUTH COLLEGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TYLER TX 75702** CITY-ST-ZIP Addition TITLE Delete TITLE **VPVC** Vice-President -D NAME CLIFTON, MICHAEL NAME CRNKOVIC, CYNTHIA A STREET ADDRESS STREET ADDRESS 225 SOUTH COLLEGE 225 SO. COLLEGE TYLER, TX 75710 CITY - ST - 7IP CITY-ST-ZIP **TYLER TX 75702** Delete ☐ Addition ☐ Change TITLE STD TITLE NAME NAME FAIR. BARBARA KING STREET ADDRESS STREET ADDRESS 225 SOUTH COLLEGE CITY-ST-7IF CITY-ST-ZIP **TYLER TX 75702** Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7LP 13. 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 report or supplemental 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 11 or Block 12 if

JOHN R. GARRETT, PRES. 1/4/2002 903 592-3811 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

SIGNATURE: