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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H97127**

PONTE VEDRA CUSTOM CLEANERS, INC.

Principal Place of Business Mailing Address									919 (1917 ISE/ DIS			
% KAY L. TYSON			% KAY L. TYSON									
152 HWY A1A 152 HWY A1A				EL 22000				DO NOT	WRITE IN TH	IS SPACI	E	
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL				L 32U02	2002			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
								01/31/1986				1
2 Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number			Apr	olied For
21		26	.					59-2629325			Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.	75 A	dditional
22		27						5. Certificate of Status Desire	ed 🗀	F	ee Red	quired
City & State	e		City & State		_			-6Election Campaign Finance	ing-			May Be
23		28						Trust Fund Contribution				Fees
Zip	Country	-	Zip		intry			8. This corporation owes the	current year I			m.
24	25	29		30	·			Personal Property Tax.	au Basistara	Yes	<u> </u>	□No
	9. Name and Address of Curre	nt Regis	tered Agent		81	Nam		10. Name and Address of N	ew Registere	u Ayent		
TYS	ON, KAY L					140111						
152 HWY A1A				82 Street Ad			et Addres	ss (P.O. Box Number is Not Ac	ceptable)			
	TE VEDRA BEACH FL 32082				83							
					84	City			F	85	Zip C	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Horid	da. Such change was	authorized	d bv	the co	ed corpor	ration submits this statement for a's board of directors. I hereby a	the purpose accept the app	of changi ointment	ng its as reg	registered jistered
SIGNATURE											•	
SIGNATORE	Signature, typed or printed name of registered ag				Agen	t signatur	e required v	when reinstating)	DATE		-0.70	20.0140
12.	OFFICERS A	ND DIRE	_,	13.			-	ADDITIONS/CHANGES TO	OFFICERS /	Ch		Addition
TITLE	DP KAY		☐ DELETE	1.1 TO							ange	[_] Addition
NAME	TYSON, KAY			1.2 N								
STREET ADDRESS	152 HWY A1A					ADDRES	SS					
CITY-ST-ZIP	PONTE VEDRA BCH FL		☐ DELETE	1.4 C 2.1 TI	ITY-SI	T-ZIP			<u></u>	□ Ch	ange	☐ Addition
TITLE	V TVCOM BILLY		□ DECE IL	2.1 H								
NAME	TYSON, BILLY 152 HIGHWAY A1A			1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
STREET ADDRESS	PNTE VEDRA BEACH FL					ADDRES	20					
CITY-ST-ZIP	PINTE VEDRA BEACTI PE		☐ DELETE	3,1 T	HTY-S	1-41				☐ Ch	ange	Addition
TITLE		-	"	3.2 N								
NAME						FADDRES	35					
STREET ADDRESS					ITY-S		~					
CITY-ST-ZIP TITLE			☐ DELETE	4.1 Ti		.,				□ Ch	ange	Addition
NAME				4.21	IAMÉ							
STREET ADDRESS				4.3 S	TREET	ADDRES	ss					
CITY-ST-ZIP				•	my-s			•				
TITLE	-		☐ DELETE	5.1 TI						Ch	ange	☐ Addition
NAME				5.2 N	AME							}
STREET ADDRESS				5.3 S	TREET	FADDRES	ss					ļ
CITY-ST-ZIP				5.4 C	TY-S	T-ZIP						
TITLE			☐ DELETE	61 T	ITLE					☐ Ch	ange	☐ Addition
NAME				6.2 N	AME							
etheet Annhees				6.3 S	TREET	ADDRES	ss					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS