

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:42

DOCUMENT # K20378 (1)

1. Corporation Name

BRIGHTER DAY MAINTENANCE SUPPLY, INC.

Principal Place of Business

109 BAYVIEW AVE
UNIT 70
OLDSMAR FL 34677
US

Mailing Address

PO BOX 876
UNIT 70
PALM HARBOR FL 34621
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/06/1988

3a. Date of Last Report

06/23/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

P. O. BOX 876

27

Suite, Apt. #, etc.

28

City & State

29

Zip

34621

Country

30

PINELLAS

4. FEI Number

59-2894744

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARR, JOHN C.
1462 MALLARD PL
UNIT G
PALM HARBOR FL 34682

10. Name and Address of New Registered Agent

81 Name

DEBRA CARR

82 Street Address (P.O. Box Number is Not Acceptable)

1462 MALLARD PL

83

84 City

PALM HARBOR

FL

85

Zip Code

34682

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

Debra Carr

DEBRA CARR, PRESIDENT

MARCH 7, 1995

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CARR, JOHN C.
1462 MALLARD PL
PALM HARBOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
CARR, JOHN C.,
1462 MALLARD PL
PALM HARBOR FL 34682

☒ Change ☐ Addition

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PRESIDENT
CARR, DEBRA
1462 MALLARD PL
PALM HARBOR FL 34682

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Debra Carr

DEBRA CARR

03/07/95

Date

(813) 781-3147

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR