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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 DOCUMENT # K57253

(2)

TENDER TOUCH DRY CLEANERS AND LAUNDRY OF WINTER HAVEN, INCORPORATED

Principal Place of Business Mailing Address 1515 NW 1ST ST 1515 NW 1ST ST WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 Principal Place of Business 2a. Mailing Address 21 26

## **FILED** Jan 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1989 4 FEI Number Applied For 59-2952359 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\mathbf{V}$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip 25 Personal Property Tax due June 30. 24 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CHAMBERLAIN, DONAS 245 PALMETTO AVENUE N E Street Address (P.O. Box Number is Not Acceptable) 82 WINTER HAVEN FL 33881 83 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE 1.1 TITLE Change TITLE NAME CHAMBERLAIN, DONAS 1,2 NAME CR2E034 STREET ADDRESS 245 PALMETTO AVE N E 1,3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE Change Addition TITLE SVD 2.1 TITLE CHAMBERLAIN, HORACE JR NAME 22 NAME 245 PALMETTO AVE N E 2.3 STREET ADORESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE CHAMBERLAIN, DAISY 3.2 NAME MAME 245 PALMETTO AVE NE STREET ADDRESS 3.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 3.4. CITY-ST-7/P ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DEFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: .

STREET ADDRESS

CITY-ST-ZIP

PIJUGE (REQUIRED