

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED

<u></u>	1999			00 550 45 4444
DOCUMENT # M72204				99 FEB 15 AM 11: 48
BATH AND SPA SUPPLY, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA
				E TOURNATT THE TORTH CHAIN THE PRINT HE WAS A THIRD THE PRINTED AND A MARKET HOLD THE HOLD THE PRINTED AND A MARKET HOLD THE P
Principal Plac	e of Pusinger	Mailine Address		
2490-A CENTER		Mailing Address 2490-A CENTERVILLE RD		
TALLAHASSEE		TALLAHASSEE FL 32308		
US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
				03/16/1988
2. Principal P	lace of Business	2a. Mailing Address	1-4-12	4. FEI Number Applied For
Suite, Apt.		26 23 W	hitt instand	. 1. 74 544,445
22	*, etc. * O/	27 Suite, Apr. #, etc.		5. Certificate of Status Desired [] \$8.75 Additional Fee Required
City & Stat	6	City & State	• • •	6. Election Campaign Financing fil \$5.00 May Be
	ILLA HASSEE, FL	28 JACLA HASSE I		Trust Fund Contribution Added to Fees
Zip 24 3 2 .	308 25 USA	^{Ziρ} 32 308 [Country 30 USA	8. This corporation owes the current year Intangible Personal Property Tax
، • و ا	9. Name and Address of Curren			10. Name and Address of New Registered Agent
CAU	ICOE I C			
	iere, J.E. I whittington drive		82 Street A	ddress (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 2208			83	····
32368				
•			84 City	FL 85 Zip Code
SIGNATURE	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second or plainted name of familiar with a secon	amero	Registered Agent signature req	(red where reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	[]Change []Addton
NAME	SAMERE, J.E.		1.2 NAME	
STREET ADDRESS	2831 WHITTINGTON DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	TALLAHASSEE FL	DELETE	1.4 City-St-ZiP 2.1 Title	Change Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	6000027772064 -02/16/9901081006
CITY-ST-ZIP			2 4 CITY-ST-ZIP	****150.00 ****150.00
TITLE NAME		☐ DELETE	3 1 TITLE 3 2 NAME	Change [] Addition
STREET ADDRESS			33 STREET ADDRESS	
City-\$1-ZIP			34. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS CITY-ST-ZIP			43 STREET ADDRESS	
TITLE		CI DELETE	51 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	_
CITY-ST-ZIP		DELETE	54 CITY-ST-ZIP 61 TITLE	Changer
NAME		have to the hand	62 NAME	NO. NO.
STREET ADDRESS			63 STREET ADDRESS	NEM
CITY-ST-ZIP	and the hand the state of the s	at this go, and	64 CITY-ST-ZIP	θ_{1}
14. I hereby o	certify that the information supplied wi	ith 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 supplier officer or director of the corporation or the Block 12 or Block 13 if changed or on an I report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in with an address, with all other like empowered.

SIGNATURE:

amere