PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90049 023 ***158.75

	MEN # P33/ 2	<u> </u>		~		
1. Corporation						
IKOPHY	CLEANERS, INC.					S ti B 1 S 11 1 BS 1
						AN PORNIPAN
					. Biblir biblir biblir bil	<u> </u>
Principal Place	e of Business	Mailing Address				
P.O. BOX 1084 P.O. BOX 1084 TYLER-TX 75710 TYLER TX 75710						
				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		
				= 04/29/1991 - 10/20/95	ı	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		olied For
21		26		75-2618242	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27		J. Certificate of Status Desired LA	Fee Rec	quired
City & Stat	В	City & State		6. Election Campaign Financing	\$5.00 h	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year l	ntangible	ŁΧ₀
24	25		30	Personal Property Tax.		LifNo
	9. Name and Address of Cu	rrent Registered Agent	04 N	10. Name and Address of New Registere	d Agent	
TAV	OD WILLIAM P. N/		81 Name			
TAYLOR, WILLIAM B. IV			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
400 N. TAMPA STREET SUITE 2300						
)	PA FL 33602		83			Ì
I Ana	PA PL 33002		84 City		85 Zip C	ode
				<u>F</u>		
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida Statute	s, the above-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its f ointment as reg	registered Jistered
agent. I a	im familiar with, and accept the ot	oligations of, Section 607.0505, Flori	da Statutes.	, , , , , , , , , , , , , , , , , , , ,	_	
SIGNATURE		_				
	Signature, typed or printed name of registered	-3	Registered Agent signature requests 13.	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
12.	PCD	AND DIRECTORS	1.1 TITLE	ADDITIONS/OTIVINOED TO COTTOE NO.	Change	Addition
TITLE	FAIR, JAMES W.		1.2 NAME			
NAME	ANT AN ANUTOF		1.3 STREET ADDRESS			
STREET ADORESS	TYLER TX					
CITY-ST-ZIP	VD	. DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
TITLE	GARRETT, JOHN R.	- Dittell	2.2 NAME			_
NAME	AGE AG COLLEGE		T			
STREET ADDRESS	TYLER TX		2.3 STREET ADDRESS			
CITY-ST-ZIP	STD	☐ DELETE	2. 4 CITY-ST-ZIP		Change	Addition
TITLE	ł	_ >20070	3.2 NAME			
NAME	KING, BARBARA 225 SO. COLLEGE		3.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP TITLE	TYLER IX	☐ DELETE	34 CITY-ST-ZIP 4.1 TITLE		Change	Addition
	[2 52072	4.2 NAME			į
NAME			4.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
TITLE			5.2 NAME	Control of the Contro		
NAME			5.3 STREET ADDRESS	rfi.		
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP	 	DELETE	6.1 TITLE		Change	Addition
ì			5.2 NAME		-	ļ
NAME DEDECT ADDRESS			6.3 STREET ADDRESS			
STREET ADDRESS			64 CITY-ST-ZIP			{
CITY-ST-ZIP	1					

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 it 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.

SIGNATURE:

CITY-ST-ZIP

903-592-3811