

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000061716 (5)

1. Corporation Name:

SEASIDE CLEANERS, INC.



Principal Place of Business

4740 US 19 N  
NEW PORT RICHEY FL 34652  
US

Mailing Address

6126 SEASIDE DRIVE  
NEW PORT RICHEY FL 34652

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
09/02/1993

3a. Date of Last Report  
01/19/1995

4. FEI Number

59-3204255

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

KISER, RONALD L  
C/O SEASIDE CLEANERS, INC.  
6126 SEASIDE DRIVE  
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 of Registered Agent (If not applicable, leave blank)

Signature of Registered Agent (If not applicable, leave blank)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE DP  
2. NAME KISER, PATRICIA A  
3. STREET ADDRESS 6126 SEASIDE DR.  
4. CITY-ST-ZIP NEW PORT RICHEY FL 34652

1. TITLE DV  
2. NAME KISER, RONALD L  
3. STREET ADDRESS 6126 SEASIDE DR.  
4. CITY-ST-ZIP NEW PORT RICHEY FL 34652

1. TITLE T  
2. NAME SMITH, SHELLEY R  
3. STREET ADDRESS 6126 SEASIDE DR.  
4. CITY-ST-ZIP NEW PORT RICHEY FL 34652

1. TITLE S  
2. NAME SMITH, JERE  
3. STREET ADDRESS 6126 SEASIDE DR.  
4. CITY-ST-ZIP NEW PORT RICHEY FL 34652

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY THE PHONE #

2-13-96 813-849-3755

CR2E034 (12/95)