

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90095 017 ***150.00

DOCUMENT # P93000072962

1. Corporation Name

PILLOW KING INDUSTRIES, INC.

Principal Place of Business
927B FERN ST.
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
927B FERN ST.
ALTAMONTE SPRINGS FL 32701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1993

4. FEI Number

59-3201005

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

O'BRIEN, BETTY
398 N DOBSON ST
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

BETTY O'BRIEN

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

1210 RAINTREE PLACE

83

84 City

WINTER PARK

85

Zip Code

32789

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

Betty O'Brien

DATE 1/20/99

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 D ☐ DELETE

NAME O'BRIEN, BETTY
STREET ADDRESS 671 NEWBURYPORT AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☐ DELETE

NAME O'BRIEN, EDWARD
STREET ADDRESS 671 NEWBURYPORT AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-12

1.1 TITLE OWNER ☒ Change ☐ Addition

1.2 NAME BETTY L. O'BRIEN
1.3 STREET ADDRESS 1210 Raintree Place
1.4 CITY-ST-ZIP Winter Park FL 32789

2.1 TITLE OWNER ☒ Change ☐ Addition

2.2 NAME EDWARD M. O'BRIEN
2.3 STREET ADDRESS 1210 Raintree Place
2.4 CITY-ST-ZIP Winter Park FL 32789

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 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, with all other like empowered.

SIGNATURE:

Betty O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/20/99

(407) 332-4977

Daytime Phone #

Daytime Phone #

CR2E034 (11/98)

0067427