

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

APPROVED
AND
FILED

95 MAY -1 AM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000085103 (8)

1. Corporation Name

EZ WIPE, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/06/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0424443

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 (335),
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

29. Zip

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUINT, MICHELLE L
13348 61ST STREET
ROYAL PALM BEACH FL 33412

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 607.0505 and 607.1505, 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 current registered agent or principal officer or director

Signature of new registered agent or principal officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1
NAME
D
QUINT, MICHELLE L
13348 61ST STREET
ROYAL PALM BEACH FL 33412

13.1
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition
700001478247
-05/08/95--01021--020
****200.00 ****200.00

12.2
NAME
D
QUINT, THOMAS R
13348 61ST STREET
ROYAL PALM BEACH FL 33412

13.2
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

12.3
NAME
STREET ADDRESS
CITY, ST, ZIP

13.3
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

12.4
NAME
STREET ADDRESS
CITY, ST, ZIP

13.4
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

12.5
NAME
STREET ADDRESS
CITY, ST, ZIP

13.5
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

12.6
NAME
STREET ADDRESS
CITY, ST, ZIP

13.6
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.07(2)(b), Florida Statutes. I further certify that the information included in 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.

SIGNATURE:

Michelle L. Quint MICHELLE L QUINT

04/24/95

(407) 226-3665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number