

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003413 (9)

1. Corporation Name

HUBERT EVERHART'S KLEEN-ALL PRODUCTS, INC.

000001448530

-04/06/95--01003--023

*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2220 POYNER RD S POLK CITY FL 33868	2220 POYNER RD S POLK CITY FL 33868

3. Date Incorporated or Qualified 01/06/1994	3a. Date of Last Report
4. FEI Number 59-3219278	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent
WYNN, W. SCOTT 145 E BROAD ST GROVELAND FL 34736

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JUDY, ERNEST L
STREET ADDRESS	2220 POYNER RD S
CITY - ST - ZIP	POLK CITY FL 33868
TITLE	STD
NAME	JUDY, MOLLIE P
STREET ADDRESS	2220 POYNER RD S
CITY - ST - ZIP	POLK CITY FL 33868
TITLE	VD
NAME	HOLLIS, MELANIE
STREET ADDRESS	455 MIDWAY AVE
CITY - ST - ZIP	MASCOTTE FL 34753
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	No longer a director ☒ Change ☐ Addition
12 NAME	Pres. only
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	No Change
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	No longer a director ☒ Change ☐ Addition
32 NAME	Vice Pres only
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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(9)(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mollie E. Judy, Sec. Treas. Chairman of Board 1/16/95 8/3
984-2884