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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000019454 (5)

1. Corporation Name
BELMAC HYGIENE, INC.



Principal Place of Business
ONE URBAN CENTRE
4830 W. KENNEDY BLVD., SUITE 550
TAMPA FL 33607-2517

Mailing Address
ONE URBAN CENTRE
4830 W. KENNEDY BLVD., SUITE 550
TAMPA FL 33609-2562

3. Date Incorporated or Qualified
03/14/1994

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3236373

Applied For
Not Applicable

21 Suite, Apt. #, etc.
Ste. 518

26 Suite, Apt. #, etc.
Ste 548

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

29 Zip

8. This corporation has liability for intangible taxes under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, MICHAEL D.
4830 W KENNEDY BLVD.
SUITE 550
TAMPA FL 33609

81 Name

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

83 Ste 548

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD
NAME PRICE, MICHAEL D
STREET ADDRESS 4830 W. KENNEDY BLVD., SUITE 550
CITY - ST - ZIP TAMPA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP Ste. 548

TITLE PD
NAME STOTE, ROBERT M.
STREET ADDRESS 4830 W KENNEDY BLVD. #550
CITY - ST - ZIP TAMPA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP Ste. 548

TITLE D
NAME MURPHY, JAMES R.
STREET ADDRESS 4830 W KENNEDY BLVD. #550
CITY - ST - ZIP TAMPA FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP Ste. 548

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Michael D. Price* M. D. Price VP, CFO 3/11/97 815 866 4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)