FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:33

DOCUMENT # **P94000060590 (4)**

1. Current Name
THE CLOTHES HORSE OF MOUNT DORA, INC.

Principal Place of Business
622 N. DONNELLY ST.
MOUNT DORA FL 32757

Mailing Address
622 N. DONNELLY ST.
MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/16/1994** | 3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. # or Bldg. — 22:
City & State — 23:
Zip — 24: | County — 25:

2a. Mailing Address — 26:
Suite, Apt. # or Bldg. — 27:
City & State — 28:
Zip — 29: | County — 30:

4. FEI Number: **593261318** ☐ 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

7. This corporation is subject to chapter 617, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMERON, CASEY
622 NORTH DONNELLY ST.
MOUNT DORA FL 32757

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 607.0505 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: (Typed or printed name of registered agent and title if agent is corporation) (Registered agent's signature required for agent changes) (Date)

12. OFFICERS AND DIRECTORS

Title	President
Name	Casey Cameron
Street Address	622 N. Donnelly st.
City-State-Zip	Mt. Dora, FL. 32757
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	

14. I hereby certify that the information supplied with this filing, pursuant to Chapter 607, Florida Statutes, is true and accurate. I further certify 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, to the best of my knowledge, this filing complies with the requirements of Chapter 607, Florida Statutes.

SIGNATURE: Casey Cameron / Casey Cameron / 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR (Date)

0043150 CP