

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MONTAGNA
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 11:33

DOCUMENT # **P94000060590 (4)**

THE CLOTHES HORSE OF MOUNT DORA, INC.

Principal Office Address: **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

4. FCI 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

6. Has corporation been liable for delinquent tax under § 219.00, Florida Statutes? ☒ Yes ☐ No

2. Principal Office Address: **21** 2a. Mailing Address: **26**
State Apt # etc: **22** State Apt # etc: **27**
City & State: **23** City & State: **28**
Zip: **24** Zip: **25** Zip: **29** Zip: **30**

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. For each of 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 or Registered Agent and Not Applicable)

(Signature of Registered Agent or Registered Agent and Not Applicable)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE: **President**
2. NAME: **CASEY CAMERON**
3. STREET ADDRESS: **622 N. DONNELLY ST.**
4. CITY, ST. ZIP: **Mt. Dora, FL 32712**
5. TITLE: **1**
6. NAME: **1**
7. STREET ADDRESS: **1**
8. CITY, ST. ZIP: **1**
9. TITLE: **1**
10. NAME: **1**
11. STREET ADDRESS: **1**
12. CITY, ST. ZIP: **1**
13. TITLE: **1**
14. NAME: **1**
15. STREET ADDRESS: **1**
16. CITY, ST. ZIP: **1**
17. TITLE: **1**
18. NAME: **1**
19. STREET ADDRESS: **1**
20. CITY, ST. ZIP: **1**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. TITLE: ☐ Change ☐ Addition
2. NAME: ☐ Change ☐ Addition
3. STREET ADDRESS: ☐ Change ☐ Addition
4. CITY, ST. ZIP: ☐ Change ☐ Addition
5. TITLE: ☐ Change ☐ Addition
6. NAME: ☐ Change ☐ Addition
7. STREET ADDRESS: ☐ Change ☐ Addition
8. CITY, ST. ZIP: ☐ Change ☐ Addition
9. TITLE: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition
11. STREET ADDRESS: ☐ Change ☐ Addition
12. CITY, ST. ZIP: ☐ Change ☐ Addition
13. TITLE: ☐ Change ☐ Addition
14. NAME: ☐ Change ☐ Addition
15. STREET ADDRESS: ☐ Change ☐ Addition
16. CITY, ST. ZIP: ☐ Change ☐ Addition
17. TITLE: ☐ Change ☐ Addition
18. NAME: ☐ Change ☐ Addition
19. STREET ADDRESS: ☐ Change ☐ Addition
20. 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 Section 13.001, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that the corporation shall have the same inspected by a duly qualified auditor. That each officer or director of the corporation or the principal officer designated to receive this report as required by Chapter 13, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is attached thereto with an address.

SIGNATURE:

Casey Cameron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95