FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000060590
A COLUMN STANCE	1 DACOCOCOCO

THE CLOTHES HORSE OF MOUNT DORA, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90112 018 ***150.00



Principal Place of Business Mailing Address							
622 N. DONNELLY ST.		622 N. DONNELLY ST.					
MOUNT DORA	FL 32757	MOUNT DORA FL 32757				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						08/16/1994	
2 Principal D	ace of Business	2a. Mailing Address					lied For
-	ace of Business	26]	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
	#, etc.	27				5. Certifcate of Status Desired Fee Rec	
City & State	a	City & State				6. Election Campaign Financing S5.00	May Be
23	-	28				Trust Fund Contribution Added to	, ,
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Intangible	
24	25	29	30	-		Personal Property Tax.	No
24	9. Name and Address of Currer		-		-	10. Name and Address of New Registered Agent	
				81	Name		
CAM	ERON, CASEY			82	Ctenet Add	dress (P.O. Box Number is Not Acceptable)	
	North Donnelly St.	• •		82	Street Add	dress (P.O. Box Nulliber is not Acceptable)	
MOU	INT DORA FL 32757		į.	83			_
	يكافي من الخارة كالمن المناطقة والمناطقة المناطقة والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة			_			
				84	City	FL 85 Zip C	008
11 Queuant	to the prodicions of Sections 607 050	2 and 607 1508 Florida Statute	s. the ab	L	named con	rporation submits this statement for the purpose of changing its	egistered
office or r	egistered agent, or both, in the State	of Florida. Such change was at	thorized	by th	ne corporat	rporation submits this statement for the purpose of changing its tion's board of directors. I heraby accept the appointment as reg	istered
agent. I ai	m tamilian with, and accept the obliga	nions of, Section 607.0505, Fibr	rua Statu	ies.			
SIGNATURE	Signature and or printed name of egistered age	nt and title if applicable. (NOTE:	Registered A	laent s	signature requir	red when reinstating) DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	Ρ	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	CAMERON, CASEY		1.2 NAM				
STREET ADDRESS	622 N DOWNELLY ST		1.3 STR		ADDRESS		
CITY-ST-ZIP	MT DORA FL		1.4 CIT	Y-ST-2	ZIP		
TITLE		☐ DELETE	2.1 TITI	E		Change	☐ Addition
NAME			2.2 NAM				
STREET ADDRESS					NODRESS	•	
CITY-ST-ZIP			2. 4 C(TY		ZIP		
TITLE		☐ DELETE	3.1 TITI			Change	Addition
NAME			3.2 NAM				•
STREET ADDRESS	·		3.3 STF	REETA	ADDRESS .		
CITY-ST-ZIP			3 4. CIT		ì		
TITLE		DELETE 4.1				☐ Change	☐ Addition
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STF	REETA	ADDRESS		,
CITY-ST-ZIP			4.4 CIT				
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREI		ADDRESS		1
CITY-ST-ZIP			5.4 CITY-		ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 STF	REETA	ADDRESS		
			6.4 CIT		1		
CITY-ST-ZIP		inh al i - Gii dana A a a shift. fa-			_	Section 110 07/3/6) Florida Statutes I further certify that the in	formation

I 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, of an an attachment with an address, with all other like empowered.

SIGNATURE: