

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

**FILED**  
**May 01, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **P95000005529 (9)**

1. Corporation Name

**GATOR'S CARPET & UPHOLSTERY CLEANING, INC.**



Principal Place of Business

**2650 N.E. 52ND STREET  
LIGHTHOUSE POINT FL 33064-7052**

Mailing Address

**2650 N.E. 52ND STREET  
LIGHTHOUSE POINT FL 33064-7052**

3. Date Incorporated or Qualified  
**01/18/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **11619 N.W. 27TH CT**

26 **11619 N.W. 27TH CT**

4. FEI Number

**65-0549634**

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

22 City & State

27 City & State

23 **Coral Springs FL**

28 **Coral Springs FL**

24 Zip

Country

29 Zip

Country

25 **33065**

30 **33065**

9. Name and Address of Current Registered Agent

**WILLIAMS, STEPHEN G  
2650 N.E. 52ND STREET  
LIGHTHOUSE POINT FL 33064-7052**

10. Name and Address of New Registered Agent

81 Name **Walter LaFreniere**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11619 N.W. 27TH COURT**  
83  
84 City **Coral Springs** FL 85 Zip Code **33065**

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

**Walter LaFreniere**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-5-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAFRENIERE, WALTER</b>	
STREET ADDRESS	<b>2650 N.E. 52ND STREET</b>	
CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL 33064-7052</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>11619 NW 27TH CT</b>
1.4 CITY - ST - ZIP	<b>Coral Springs FL 33065</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(3)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Walter LaFreniere** **3-5-96** **954 341 7852**

Date

Daytime Phone #

CR2E034 (12/95)