

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000020877 (3)

1. Corporation Name

FABRIC CARE, INC.



Principal Place of Business

Mailing Address

1201 NORWOOD AVE. N.  
CLEARWATER FL 34616

1201 NORWOOD AVE. N.  
CLEARWATER FL 34616

2. Principal Place of Business  
21 1107 Court St  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 City & State  
23 Clearwater FL

27 City & State  
28

24 Zip 34616 25 Country PINELANDS

29 Zip 30 Country

3. Date Incorporated or Qualified  
03/13/1995

3a. Date of Last Report  
4-18-95

4. FEI Number 65-0564440  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANEY, JAMES  
1201 NORWOOD AVE. N.  
CLEARWATER FL 34616

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 607.0502 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 typed or printed name of registered agent and this application

Signature typed or printed name of registered agent and this application

Signature typed or printed name of registered agent and this application

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HANEY, JAMES  
STREET ADDRESS 1201 NORWOOD AVE.  
CITY- ST- ZIP CLEARWATER FL 34616

TITLE D ☐ DELETE  
NAME ALLEN, REBECCA  
STREET ADDRESS 1201 NORWOOD AVE.  
CITY- ST- ZIP CLEARWATER FL 34616

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ST ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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)(g), 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 in an attachment without an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E034 (12/95)