

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 # S60775 (1)

1. Corporation Name

BEE "DRY" CARPET CLEANERS, INC.



Principal Place of Business

1829 E EDGEWOOD DR
LAKELAND FL 33803
US

Mailing Address

1829 E EDGEWOOD DR
LAKELAND FL 33803
US

2. Principal Place of Business

21. Suite, Apt. #, etc. SAME

22. City & State N/A

23. Zip 33803 Country POLK

24. 33803

25. POLK

2a. Mailing Address

26. Suite, Apt. #, etc. SAME

27. City & State SAME

28. Zip SAME Country SAME

29. SAME

30. SAME

3. Date Incorporated or Qualified

06/19/1991

3a. Date of Last Report

05/31/1995

4. FEI Number

59-3068717

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

SABLOTNY-HAUB, KAREN A.
316 OPPITZ LANE
LAKELAND FL 33803

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 607.0502 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: KAREN A. SABLOTNY-HAUB Ex. Sec./Treas.

(Signature, typed or printed name of registered agent and how payable)

(Not for Registered Agent signature required when resigning)

DATE 3-7-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME HAUB, N. BARRY
STREET ADDRESS 316 OPPITZ LANE
CITY- ST- ZIP LAKELAND FL

☐ DELETE

TITLE D
NAME SABLOTNY-HAUB, KAREN A.
STREET ADDRESS 316 OPPITZ LANE
CITY- ST- ZIP LAKELAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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TITLE
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CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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: Karen A. Sablotny-Haub
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96 (941) 646-3544
Date Daytime Phone #

CR2E034 (12/95)