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CR2E031(9/92)

. APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES TO: Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 Name & address to whom acknowledgment should be sent: Tennifer B. Breakbill City Beach, Fl. 32408 Daytime Telephone number PART I 1. (a) Applicant's name: /YILDRED n c Daniel (b) Applicant's business address: (c) Applicant's telephone number: (___ Individual ☐ Corporation ☐ Joint Venture Other: ☐ General Partnership ☐ Limited Partnership Union If other than an individual, (1) Florida registration number: ___ _____ (2) Domicile State: ____ (3) Feder Employer Identification Number: 2.(a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.) (b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.) (c) The mode or manner in which the mark is used (i.e., labels, decals, newspaper advertisements, brochures, business checks, Dusiness Cards

(Continued)

d) The class(es) in which goods or services fall:	
35	-
PAF	RT
1. Date first used by the applicant, predecessor, or a relat	
(a) Date first used anywhere: July 1,1990	(b) Date first used in Florida: July 1,1990
1. The mark to be registered is: (If logo/design is include must be 25 words or less. If your mark is in another lacomplete English translation in this section.) Llancings Gel In Cursu	d, please give brief written description which anguage, you must provide this office with a
- Hamingo goe's in cursu	re, Cokille fluted beneath
all caps between two	straight lines Palm
tree, flamingo, sun +	water on right
2. DISCLAIMER (Please refer to guidelines for information NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT T	tion) [1] . [1]
IMILDCED H. MCDAINEL he herein, or that I am authorized to sign on hehalf of the owner and applied to use such mark in Florida either in the identical form or in the mistaken therefor. I make this affidavit and verification on my/th application and know the contents thereof and that the facts stated he	such near resemblance as to be likely to deceive or confuse or to be applicant's behalf. I further acknowledge that I have read the
MILDRED H. M	C OANIEL name of applicant
Typed or printed	name of applicant
Applicant's signature or a	uthorized person's signature
STATE OF Roy Handa (List nam	e and title)
COUNTY OFBay	
On this <u>24</u> day of <u>Sept</u> , 1996 appeared before me,	. Mildred H. McDaniel personal
☑ who is personally known to me ☐ whose ident	ity I proved on the basis of
	Sorge N. Rish Louig Notary Public Signature
Planingo José 12	· · · · · · · · · · · · · · · · · · ·
2 2004 Thomas Dr Parama City Beech, F1.	Songo in hamming
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