

**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 # V06403 (2)**

1. Corporation Name

**KOOPMAN'S HYGIENE, INC.**



Principal Place of Business

**1226 S. MAIN STREET  
GAINESVILLE FL 32601**

Mailing Address

**PO BOX 353370  
PALM COAST FL 32135**

3. Date Incorporated or Qualified  
**01/14/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 **5903 NW 33rd St.**

27 Suite, Apt. #, etc.

28 City & State  
**Gainesville, FL**

29 Zip Country  
**32653 Alachua**

4. FEI Number

**65-0313295**

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

**BIERLING, FRANK H  
54 NAN TUCKET DRIVE  
PALM COAST FL 32137**

81 Name **Peter Mantel**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5903 N.W. 33rd St.**

83

84 City **Gainesville**

**FL**

85 Zip Code  
**32653**

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 agree with, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Peter Mantel* **Peter Mantel - Treasurer** **4/30/96**

Signature, typed or printed name of registered agent and title if a director

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BIERLING, JOYCE	
STREET ADDRESS	PO BOX 353370 N/A	
CITY - ST - ZIP	PALM COAST FL 32135	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BIERLING, FRANK	
STREET ADDRESS	PO BOX 353370 N/A	
CITY - ST - ZIP	PALM COAST FL 32135	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BIERLING, TOD	
STREET ADDRESS	PO BOX 353370 N/A	
CITY - ST - ZIP	PALM COAST FL 32135	
TITLE	I	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>S/D</b>
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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>T/D Peter Mantel</b>
4.3 STREET ADDRESS	<b>5903 NW 33rd St.</b>
4.4 CITY - ST - ZIP	<b>Gainesville, FL 32653</b>
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: *Peter Mantel* **Peter Mantel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96**

**(352) 373-0476**

CR2E034 (12/95)