

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V06403** (2)

1. Corporation Name
KOOPMAN'S HYGIENE, INC.

Principal Place of Business 1226 S. MAIN STREET GAINESVILLE FL 32601	Mailing Address 5903 NW 33RD ST GAINESVILLE FL 32653-1722 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1992	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 1226 S. Main Street	4. FEI Number 65-0313295		Applied For Not Applicable	
22 City & State	27 Gainesville, FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 32601	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 USA	30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Peter Mantel
82 Street Address (P.O. Box Number is Not Acceptable) 1226 S. Main Street
83
84 City Gainesville
85 Zip Code FL 32601

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 for both 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 *Peter Mantel* **PETER MANTEL** DATE **4/30/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIERLING, JOYCE		1.2 NAME 8502 Bannerman Bluff Dr.	
STREET ADDRESS PO BOX 353370 N/A		1.3 STREET ADDRESS Tallahassee, FL 32312	
CITY-ST-ZIP PALM COAST FL 32135		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIERLING, FRANK		2.2 NAME 8502 Bannerman Bluff Dr	
STREET ADDRESS PO BOX 353370 N/A		2.3 STREET ADDRESS Tallahassee, FL 32312	
CITY-ST-ZIP PALM COAST FL		2.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BIERLING, TOD		3.2 NAME Amy Mantel	
STREET ADDRESS PO BOX 353370 N/A		3.3 STREET ADDRESS 4214 NW 15th Place	
CITY-ST-ZIP PALM COAST FL 32135		3.4 CITY-ST-ZIP Gainesville, FL 32605	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETER MANTEL		4.2 NAME 4214 NW 15th Place	
STREET ADDRESS 5903 NW 33RD ST		4.3 STREET ADDRESS Gainesville, FL 32605	
CITY-ST-ZIP GAINESVILLE FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **REQUIRED**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97
Date

(352) 373-0885
Daytime Phone #

CR2E034 (9/96)