

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V06403

1. Corporation Name

KOOPMAN'S HYGIENE, INC.

Principal Place of Business

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

Mailing Address

**1226 S MAIN ST
GAINESVILLE FL 32601
US**

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90117 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip **25** Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**MANTEL, PETER
1226 S MAIN ST
GAINESVILLE FL 32601**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

VD
NAME **BIERLING, JOYCE**
STREET ADDRESS **8502 BANNERMAN BLUFF RD**
CITY-ST-ZIP **TALLAHASSEE FL**

VD
NAME **BIERLING, FRANK**
STREET ADDRESS **8502 BANNERMAN BLUFF DR**
CITY-ST-ZIP **TALLAHASSEE FL**

STD
NAME **MANTEL, AMY**
STREET ADDRESS **4214 NW 15TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

PD
NAME **PETER MANTEL**
STREET ADDRESS **4214 NW 15TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

☐ DELETE

☐ 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

VD
Tod Bierling
3380 Fred George Rd
Tallahassee, FL 32303

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

362 373-0885

Date

Daytime Phone #

CR2E034 (11/98)