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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M94125 (5)

1. Corporation Name
SAFEWAY HYGIENIC SERVICE, INC.

Principal Place of Business Mailing Address

**C/O DIANE OWENS
501 AMY ST.
LYNN HAVEN FL 32444**

**C/O DIANE OWENS
501 AMY ST.
LYNN HAVEN FL 32444**

3. Date Incorporated or Qualified 3a. Date of Last Report

08/02/1988 **05/24/1994**

4. FEI Number Applied For

59-2910046 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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**OWENS, DIANE O.
501 AMY STREET
LYNN HAVEN FL 32444**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | VTS |
| NAME | OWENS, KENNETH |
| STREET ADDRESS | 501 AMY STREET |
| CITY - ST - ZIP | LYNN HAVEN FL |
| TITLE | PD |
| NAME | OWENS, DIANE |
| STREET ADDRESS | 501 AMY STREET |
| CITY - ST - ZIP | LYNN HAVEN FL |
| TITLE | D |
| NAME | OWENS, KENNETH |
| STREET ADDRESS | 501 AMY STREET |
| CITY - ST - ZIP | LYNN HAVEN FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 110.07(3)(b), 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: *Diane O. Owens - President* **4-24-95** **904/265-6695**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR