

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 # **M94125** (5)
1. Corporation Name
SAFEMART HYGIENIC SERVICE, INC.



Principal Place of Business: **C/O DIANE OWENS, 501 AMY ST., LYNN HAVEN FL 32444**
Mailing Address: **C/O DIANE OWENS, 501 AMY ST., LYNN HAVEN FL 32444**

3. Date Incorporated or Qualified: **08/02/1988**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2910046**
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

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

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
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	OWENS, KENNETH	
STREET ADDRESS	501 AMY STREET	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OWENS, DIANE	
STREET ADDRESS	501 AMY STREET	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWENS, KENNETH	
STREET ADDRESS	501 AMY STREET	
CITY-ST-ZIP	LYNN HAVEN FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: *Diane Owens - President* 4-15-96 904/245-6695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E034 (12/95)