

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L65407 (3)

1. Corporation Name

CLEW, INC.



Principal Place of Business

C/O CLIFFORD WOODLIFF
BOX 181
LEHIGH ACRES FL 33970

Mailing Address

C/O CLIFFORD WOODLIFF
BOX 181
LEHIGH ACRES FL 33970

2. Principal Place of Business

2a. Mailing Address

21. SAME

26. SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

WOODLIFF, CLIFFORD
904 LEE BLVD, STE 104
LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified

04/12/1990

3a. Date of Last Report

03/13/1995

4. FEI Number

65-0188356

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

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 of Tax Preparer or Person in Charge of Preparation of Report Required for Corporations with a Change of Registered Office or Agent)

(Signature of Registered Agent Required for Change of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE

DPTS
WOODLIFF, CLIFFORD
904 LEE BLVD, STE 104
LEHIGH ACRES FL

2. NAME ☐ DELETE

3. NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. NAME ☐ Change ☐ Addition

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32. NAME ☐ Change ☐ Addition

33. NAME ☐ Change ☐ Addition

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: CLIFFORD WOODLIFF 3/8/96 941-369-6776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)