

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 8:28

DOCUMENT # N01515 (8)
1. Corporation Name
UNITY-CLEARWATER, INC.

Principal Place of Business Mailing Address
% LEDDY ELAINE HAMMOCK
2465 NURSERY ROAD
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/17/1984 3a. Date of Last Report 03/15/1994
4. FEI Number 59-1058242 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMOCK, LEDDY ELAINE
2465 NURSERY RD.
CLEARWATER FL 34624

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 restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CARNES, IRA
STREET ADDRESS 1268 ROBINHOOD LANE
CITY-ST-ZIP DUNEDIN FL
TITLE D
NAME FLICKINGER, RAY
STREET ADDRESS 2285 NORWEGIAN DR. #35
CITY-ST-ZIP CLEARWATER FL
TITLE DP
NAME MILBORNE, BETTY
STREET ADDRESS 411 BAYSHORE DR S APT 5
CITY-ST-ZIP SAFETY HARBOR FL
TITLE DT
NAME SPICER, DON
STREET ADDRESS 1465 SATSUMA
CITY-ST-ZIP CLEARWATER FL
TITLE DS
NAME OLESON, THOMAS
STREET ADDRESS 624 MAGNOLIA ST
CITY-ST-ZIP DUNEDIN FL
TITLE DV
NAME SUTTLE, DON
STREET ADDRESS 815 EVELYN AVE
CITY-ST-ZIP CLEARWATER FL

11 TITLE DP ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☒ Change ☐ Addition
22 NAME D
23 STREET ADDRESS Murren, Thomas
24 CITY-ST-ZIP 2042 San Marino Way S.
Clearwater, FL 34623
31 TITLE DS ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☒ Change ☐ Addition
42 NAME DT
43 STREET ADDRESS Hopper, Jeanne
44 CITY-ST-ZIP 489 Harbor Dr. N.
Indian Rocks, FL 34635
51 TITLE DV ☒ Change ☐ Addition
52 NAME Thomas, Marilyn
53 STREET ADDRESS 147 Davenport Ave. NE
54 CITY-ST-ZIP St. Petersburg, FL 33702
61 TITLE D ☒ Change ☐ Addition
62 NAME Hooley, Patricia
63 STREET ADDRESS 1488 Noell Blvd.
64 CITY-ST-ZIP Palm Harbor, FL 34683

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE: Betty Milbourne Betty Milbourne 6/6/95 (813)726-4552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR