

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90002 031 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000020412  
 Corporation Name

MACE-KINGSLEY CLEARWATER, INC.

615032 - 90002 - 31



Principal Place of Business: 4 SMALLWOOD CIRCLE, CLEARWATER FL 34615  
 Mailing Address: 1524 SMALLWOOD CIRCLE, CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/05/1997</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KINGSLEY, CAROL 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	85 Zip Code	

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 reinstating) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P KINGSLEY, CAROL 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V SMITH, GREG 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	<input type="checkbox"/> DELETE	1.2 NAME	
T CARLEY, DEVIN 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
S JOHONNESSON, LISA 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
C AVRIN, JEFF 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D FOSTER, KARYN 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	<input checked="" type="checkbox"/> DELETE	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	<b>JOHONNESSON, SEAN</b>
		3.3 STREET ADDRESS	<b>1524 SMALLWOOD CIRCLE</b>
		3.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34615</b>
		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<b>D RICH, ARLENE</b>
		6.3 STREET ADDRESS	<b>1524 SMALLWOOD CIRCLE</b>
		6.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34615</b>

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.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED

CR2E034 (5/99)