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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

550262

(O)

DOCUMENT # Corporation Name EXECUTIVE CORPORATION OF CLEARWATER, INC. Principal Place of Business Mailing Address 2506 COUNTRYSIDE BLVD. 2506 COUNTRYSIDE BLVD. **CLEARWATER FL 34623-1601 CLEARWATER FL 34623-1601** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/28/1977 01/25/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1828327 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 This corporation has liability for intangible tax under s 199.032, Florida Statutes
Yes ☐ No Country Country  $Z_{\rm ID}$ Zip 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SARVER, HELEN I. Street Address (P.O. Box Number is Not Acceptable) 82 2506 COUNTRYSIDE BLVD **CLEARWATER FL 34623** 83 Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicance. (NOTE: Registrated Agent signature required when remarking) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (12) DELETE Change Addition TITLE 1.1 TIBE CROUCH, S. LEE CR2E034 NAME 1.2 NAME 5260 S. LANDINGS DR #704 STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change 2 1 TITLE Addition TITLE CREEL, C.E. NAME **560 PALMETTO** STREET ADDRESS 2.3 STREET ADDRESS **BELLEAIR FL** CITY - ST - ZIP 2.4 CITY - ST - ZIP Cnange DELETE Addition 3 1 TIDLE TITLE SARVER, HELEN I. Sarver, Helen I. NAME 3.2 NAME 1344 SUMMERLIN DR. 9232 Pineapple Road STREET ADDRESS 3.3 STHELL ADDRESS **CLEARWATER FL** Fort Myers, FL 3 4 CITY - \$1 - 7IP CITY - ST - ZIF DELETE X Change Addition 4.17H1F TITLE SMITH, DAVID C. Smith, David C. NAME 4.2 NAME 18441 LEE ROAD. 4.3 STREET ADDRESS 18441 Lee Road STREET ADDRESS FT MYERS FL Fort Myers, FL 33912 4.4 CITY - ST - ZIF CITY-ST-ZIF □ DELETE 5. 1 TITLE ☐ Change ■ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TIFLE DELETE 6. 1 TITLE Change ☐ Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIE 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

appears in Block 12 or Block 03/13/96 941-561-1444 Æfelen I. Sarver, Sec/Treas. SIGNATURE:

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 comparation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

chment with an address