

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 550262 (0)  
1. Corporation Name  
EXECUTIVE CORPORATION OF CLEARWATER, INC.



Principal Place of Business  
2506 COUNTRYSIDE BLVD.  
CLEARWATER FL 34623-1801

Mailing Address  
2506 COUNTRYSIDE BLVD.  
CLEARWATER FL 34623-1801

3. Date Incorporated or Qualified  
10/28/1977

3a. Date of Last Report  
03/18/1996

4. FEI Number  
59-1828327

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 10060 Amberwood Road  
27 Suite, Apt. #, etc.  
28 Unit 3  
29 City & State  
30 Fort Myers, FL  
31 Zip  
32 33913  
33 Country  
34 Lee

9. Name and Address of Current Registered Agent  
SARVER, HELEN I.  
2506 COUNTRYSIDE BLVD  
CLEARWATER FL 34623

10. Name and Address of New Registered Agent  
01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03 10060 Amberwood Road  
04 Unit 3  
05 City  
06 Fort Myers  
07 FL  
08 Zip Code  
09 33913

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: *Helen I. Sarver* DATE: 4-28-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	CROUCH, S. LEE	
STREET ADDRESS	5280 S. LANDINGS DR #704	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	VP	DELETE
NAME	CREEL, C.E.	
STREET ADDRESS	560 PALMETTO	
CITY - ST - ZIP	BELLEAIR FL	
TITLE	ST	DELETE
NAME	SARVER, HELEN I.	
STREET ADDRESS	9232 PINEAPPLE ROAD	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	VP	DELETE
NAME	SMITH, DAVID C.	
STREET ADDRESS	18441 LEE ROAD	
CITY - ST - ZIP	FT MYERS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	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 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: *Helen I. Sarver* DATE: 4-28-97 (941) 561-1444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)