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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

147240

(6)

CLAIR-MEL BUILDERS, INC.

| Principal | Place of | Busine | 288 | |
|-----------|----------|--------|-----|--|

C/O NATIONSBANK, N.A. P.O. BOX 31813

TAMPA, FL 33631 2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zio

1. Corporation Name

Mailing Address

2a. Maijing Address

Zip

29

C/O NATIONSBANK, N.A. P.O. BOX 31813

DERMOPE J. TRACEY, C.P.A.

11321 N. OLA AVENUE

cyampa, florida 33612

TAMPA, FL 33631

DO NOT WRITE IN THIS SPACE

FILED

Jul 26, 1999 8:00 am

Secrétary of State

07-26-1999 90011 049 ***550.00

3. Date Incorporated or Qualifed

4. FEI Numbe 59-055

Trust Fund Contribution.

 \Box 5. Certificate of Status Desired 6. Election Campaign Financing

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

8. This corporation owes the current year Intangible Personal Property Tax.

10. Name and Address of New Registered Agent

LARSEN, CLARICE

3501 BAYSHORE BLVD. APT. 906

Country

9. Name and Address of Current Registered Agent

TAMPA, FL 33629

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|----|--|
| | THE PARTY OF THE P |
| 82 | Street Addre DERMONTAL is LRACE (P. A. |
| - | 11321 N. OLA AVENUE |
| _ | 11321 N. OLA ATENOC |
| 83 | T4454 51 65454 66646 |

TAMPA, FLORIDA 33612

84 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.

Country

81 Name

| agoni. a | Committee of the commit | | | _ / / | | | | | |
|--|--|----------|--------------------|--|------------|--|--|--|--|
| SIGNATURE Signature, typic of protect upon of registered agent applicable. (NOTE: Registered Agent signature regulator when reinstating) DATE DATE | | | | | | | | | |
| 12. | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | RS IN 12 | | | | |
| TITLE | PT | ☐ DELETE | 1.1 TITLE | ☐ Change | ☐ Addition | | | | |
| NAME | LARSEN, CLARICE | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 3501 BAYSHORE BLVD. APT. | 906 | 1.3 STREET ADORESS | | į | | | | |
| CITY-ST-ZIP | TAMPA FL | | 1.4 CITY-ST-ZIP | | | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | ☐ Change | ☐ Addition | | | | |
| NAME | LARSEN, CLARICE | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 3501 BAYSHORE BLVD. APT. | 906 | 2.3 STREET ADDRESS | | ļ | | | | |
| CITY-ST-ZIP | TAMPA FL | | 2.4 CITY-ST-ZIP | | | | | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | ☐ Change | ☐ Addition | | | | |
| NAME | TRACEY, DERMOTT J. | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 11321 N. OLA AVENUE | • | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | TAMPA FL | | 3.4. CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change | ☐ Addition | | | | |
| NAME | | | 4.2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change | ☐ Addition | | | | |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY~ST-ZIP | | | | | | |
| TITLE | 1. | □ DELETE | 6.1 1TTLE | ☐ Change | ☐ Addition | | | | |
| NAME | C ** 3 * 3 | • • | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | 1 | | | | |
| | | | 64 CITY-ST-ZIP | | | | | | |

14. 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

SIGNATURE: