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CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 264048 (0)

1. Corporation Name

CLOVER CORPORATION

Principal Place of Business

Mailing Address

511 ROYAL OAK ROAD
WEBSTER FL 33597

511 ROYAL OAK ROAD
WEBSTER FL 33597

11303 - CR 683 E

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/30/1962

3a. Date of Last Report
03/31/1994

4. FEI Number
59-1026432

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREW, ROBERT W

511 ROYAL OAK ROAD
WEBSTER FL 33597

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 date of deposition)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DREW, R W
STREET ADDRESS	511 ROYAL OAK ROAD
CITY-ST-ZIP	WEBSTER FL (911-Change)
TITLE	D
NAME	MAISNEE, RICHARD
STREET ADDRESS	RT 1 BOX 1330
CITY-ST-ZIP	HERNANDO FL - OUT
TITLE	TD
NAME	BANKS, SUZAN
STREET ADDRESS	8047 STIMIE AVE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	DS
NAME	FISCHER, DEBRA
STREET ADDRESS	1369 - 40TH AVE, N.E.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D
NAME	DREW, RANDALL
STREET ADDRESS	5220 - 69TH STREET, EAST
CITY-ST-ZIP	PALMETTO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	11303 - CR 683 - E
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 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)(k), 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 as an Attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) Please Print

Robert W. Drew

3-3-95