

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monroe  
Secretary of State  
Division of Corporations

DOCUMENT # 370862

(5)

1. Corporation Name  
**CLEARWATER PRESTIGE HOMES, INC.**

Principal Place of Business  
**27839 US HWY 19 N.  
STE C  
CLEARWATER FL 34621  
US**

**C/O 7 DAYS LP GAS  
27839 US HWY 19 N.  
STE C  
CLEARWATER FL 34621  
US**

2. Principal Place of Business

21. State/ Apt. # off:

26. Mailing Address:

**C/o 7 Days LP GAS**

22. City & State:

27. Mailing Address:

**27839 US Hwy 19N-Ste C**

23. City & State:

28. Mailing Address:

**Clearwater FL**

24. City & State:

29. Mailing Address:

**34621 US**

9. Name and Address of Current Registered Agent

**KUHN, DEBRA D.  
1391 DINNERBELL LANE EAST  
SUITE 310—  
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81. Name **Debra D. Kuhn**

82. Street Address (P.O. Box Number is Not Acceptable)

**1391 Dinnerbell Lane East**

83.

84. City **Dunedin**

FL BS 44698

11. Pursuant to the provisions of Section 407.007, Chapter 409, Florida Statutes, the above named corporation submits the 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 the law of the State of Florida, Chapter 409, Florida Statutes.

SIGNATURE

12. OFFICE REG AND DIR CHGRS

13. ADDITIONS/CHANGES TO OFFICE REG AND DIR CHGRS IN 12

12.1 VP  
12.2 VUHN,VICTOR  
12.3 795 COUNTY RD. 1, #210  
12.4 PALM HARBOR FL

1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12.5 PD  
12.6 KUHN, VICTOR LYLE  
12.7 1391 DINNERBELL LANE EAST  
12.8 DUNEDIN FL

2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12.9 STD  
12.10 KUHN, DEBRA  
12.11 1391 DINNERBELL LANE EAST  
12.12 DUNEDIN FL

3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12.13  
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4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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7.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REMITTED BY MAY 1**

5-2-95

813-777-9767

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR