

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 505882

(1)

1. Corporation Name
CLEARON, INC.

Principal Place of Business
P.O. BOX 1607
DADE CITY FL 33526

Mailing Address
P.O. BOX 1607
DADE CITY FL 33526

FILED
98 JUL 15 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1976

4. FEI Number
59-1675126

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

MURPHY, DAVID J
103 NORTH 3RD STREET
DADE CITY FL 33525

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
DAMRON, MARTHA
12231 FORT KING ROAD
DADE CITY FL 33526

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

33525

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

600002595586--9

-07/22/98--01054--027

***150.00 ***150.00

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

352-567-2031

0082119

CR2E034 (5/98)

2

CLEARON, INC.

PROFESSIONAL TITLE INSURANCE

Oldest Title Service in Dade City

12231 Fort King Road
Dade City, Fl. 33525
Phone (352-567-2031)

Post Office Box 1607
Dade City, Fl. 33526
Fax (352-521-0034)

July 1, 1998

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attn: Stacy Prather

Dear Stacy:

This letter is to request the State of Florida, Division of Corporations to accept this 1998 Profit Corporation Annual Report and the enclosed \$150.00 as filed timely. My bookkeeper had a kidney removed and the other repaired and has been out for months. May 1st my daughter had an automobile accident and died May 23rd. I am returning to work and have no idea if a form was received previously. Thanking you in advance for your help in this matter, I remain

Very truly yours,

Martha Damron

Mrs. Martha Damron, President

Enclosures
md

CLEARON, INC.
PROFESSIONAL TITLE INSURANCE
P.O. BOX 1607
DADE CITY, FLORIDA 33526
(352) 567-2031

REMITTANCE ADVICE					

10120

63 8204 2631

PAY *One hundred, fifty and 00/100* DOLLARS

TO THE ORDER OF	DATE	W II	FICA	MILEAGE	CHECK NO.	CHECK AMOUNT
<i>Florida Division of Corporations</i>	<i>7/1/98</i>				<i>10120</i>	<i>150.00</i>

PROFESSIONAL TITLE SERVICE

SAN ANTONIO CITIZENS FEDERAL CREDIT UNION
SAN ANTONIO, FLORIDA 33526
PAYABLE THROUGH CHASE MANHATTAN BANK, N.A. MONROE BRANCH

Martha Damron