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CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:48

DOCUMENT # 550224 (0)

1. Corporation Name
CLMP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5421 N. 59TH STREET
P.O. BOX 2150
TAMPA FL 33610**

Mailing Address
**5421 N. 59TH STREET
P.O. BOX 2150
TAMPA FL 33610**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/27/1977** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1787054** 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. State Apt. #, etc. 26. State Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOHLER, RICHARD L.
5421 NORTH 59TH STREET
TAMPA FL 33610**

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

83. City

84. State **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to that 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 hereby withdrawing and except the resignation of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when changing)

(Signature of Agent required when resigning)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME **PD**

12.2 NAME **STOHLER, RICHARD L.**

12.3 STREET ADDRESS **5421 N. 59TH STREET**

12.4 CITY, ST, ZIP **TAMPA FL**

12.5 NAME **VPD**

12.6 NAME **CONE, DOUGLAS P.**

12.7 STREET ADDRESS **3315 LYKES AVENUE**

12.8 CITY, ST, ZIP **TAMPA FL**

12.9 NAME **ST**

12.10 NAME **SHELFFO, RONALD E.**

12.11 STREET ADDRESS **5421 N. 59TH STREET**

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