

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

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 643451 (8)
 1. Corporation Name
CLIFTON CONSOLIDATED CORPORATION OF PORT CHARLOTTE

Principal Place of Business Mailing Address
1089 TAMIAMI TRAIL 1089 TAMIAMI TRAIL
PORT CHARLOTTE FL 33953 PORT CHARLOTTE FL 33953

3. Date Incorporated or Qualified **10/30/1979** 3a. Date of Last Report **4/14/97**
 4. FEI Number **59-1969443** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
DRAGE, THOMAS B., JR.
116 S. ORANGE AVE
ORLANDO, FL 32802

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	DRAGE, JOANNE R	
STREET ADDRESS	1455 KELSO BOULEVARD	
CITY-ST-ZIP	WINDERMERE, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRAGE, THOMAS	
STREET ADDRESS	1455 KELSO BLVD	
CITY-ST-ZIP	WINDERMERE, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PAS	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, MARGARET E	
STREET ADDRESS	2340 WHITFIELD PARK AVE	
CITY-ST-ZIP	SARASOTA, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DRAGE, JOHN E.	
1.3 STREET ADDRESS	1108 WEBSTER ST	
1.4 CITY-ST-ZIP	ORLANDO, FL	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DRAGE, THOMAS	
2.3 STREET ADDRESS	1455 KELSO BLVD	
2.4 CITY-ST-ZIP	WINDERMERE, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Thomas B. Drage* PRES. 8/22/97 407/896-9659

CR2E034 (9/96)