

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 716302 (5)

1. Corporation Name

THE COLUMBIAN CORPORATION OF CLEARWATER

Principal Place of Business

Mailing Address

512 S LINCOLN AVE  
P.O. BOX 4745  
CLEARWATER FL 34618512 S LINCOLN AVE  
P.O. BOX 4745  
CLEARWATER FL 34618-47453. Date Incorporated or Qualified  
04/03/19693a. Date of Last Report  
01/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1033544

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKHAM, EUGENE J  
1466 HUNTER LANE  
CLEARWATER FL 34624

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

E. J. MARKHAM  
Signature, typed or printed name of registered agent, and title if applicableEugene J. Markham  
(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	STRGAR, JOHN	
STREET ADDRESS	1573 BEVERLY DR	
CITY-ST-ZIP	CLEARWATER FL	

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

TITLE	S	<input type="checkbox"/> DELETE
NAME	LIPORI, JOHN	
STREET ADDRESS	2018 SANDRA DR	
CITY-ST-ZIP	CLEARWATER FL	

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVERETT, JOHN	
STREET ADDRESS	30 TURNER STREET	
CITY-ST-ZIP	CLEARWATER FL	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRNES, PAUL, SR.	
STREET ADDRESS	10 S. AURORA AVENUE	
CITY-ST-ZIP	CLEARWATER FL	

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARKHAM, EUGENE J.	
STREET ADDRESS	1466 HUNTER LANE	
CITY-ST-ZIP	CLEARWATER FL	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	GEDERS ARTHUR J.	
STREET ADDRESS	62 COTTAGE WOOD DR.	
CITY-ST-ZIP	SAFETY HARBOR	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eugene J. Markham  
EUGENE J. MARKHAM 1/11/97 (813) 531-2079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0087002

CR2E037 (9/96)