

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:45

DOCUMENT # 726468 (2)

1. Corporation Name

CLEARWATER SEA SALTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/22/1973	3a. Date of Last Report 08/09/1994
4. FEI Number NOT APPLICABLE	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
2705 E. BAY DR. P.O. BOX 757 OZONA FL 34660		2705 E. BAY DR. P.O. BOX 757 OZONA FL 34660	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	Country	Country
24	25	29	30

9. Name and Address of Current Registered Agent

MILLER, MICHAEL E.
684 MAIN STREET
DUNEDIN FL 34698

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 607.0502, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, MICHAEL E.	1.2 NAME	
STREET ADDRESS	308 LAGOON DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	OZONA FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DENNY WAGO	2.2 NAME	
STREET ADDRESS	14018 LEONARD DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	2.4 CITY - ST - ZIP	
TITLE	SEC	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAPLE, RAY	3.2 NAME	
STREET ADDRESS	308 ARBOR GLEN DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, BILL	4.2 NAME	
STREET ADDRESS	709 PINWOOD DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	DUNEDIN FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	PHIL HESTER	5.2 NAME	
STREET ADDRESS	2110 POINCINA TERRACE CLW 34620	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL E. MILLER

4-27-95

Date

813-733-2181

Daytime Phone #