

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **726468**

(2)

1. Corporation Name

**CLEARWATER SEA SALTS, INC.**

Principal Place of Business

2705 E. BAY DR.  
P.O. BOX 757  
OZONA FL 34660

Mailing Address

2705 E. BAY DR.  
P.O. BOX 757  
OZONA FL 34660



3. Date Incorporated or Qualified  
**05/22/1973**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Clearwater Sea Salts, Inc.**

26 **Clearwater Sea Salts, Inc.**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

22 **1761 CARNEGIE AVE**

27 **709 Pinewood Dr.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **CLEARWATER, FL.**

28 **Dunedin, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **34616**

25 **Pinellas**

29 **34698**

30 **Pinellas**

8. 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

**MILLER, MICHAEL E.  
664 MAIN STREET  
DUNEDIN FL 34698**

81 Name **Bill Robinson**

82 Street Address (P.O. Box Number is Not Acceptable)  
**709 Pinewood Dr.**

83

84 City **Dunedin**

FL

85 Zip Code **34698**

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

*William A. Robinson*  
Signature, typed or printed name of registered agent and title if applicable

*William A. Robinson Treasurer/Director*  
(NOTE: Registered Agent signature required when reinstating)

**3.696**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE  
NAME **MILLER, MICHAEL E.**  
STREET ADDRESS **308 LAGOON DRIVE**  
CITY-ST-ZIP **OZONA FL**

1.1 TITLE **PRESIDENT/DIRECTOR** ☐ Change ☒ Addition  
1.2 NAME **JOHN BUTALSKI**  
1.3 STREET ADDRESS **1650 FOX RD.**  
1.4 CITY-ST-ZIP **CLEARWATER, FL. 34624**

TITLE **VD** ☒ DELETE  
NAME **DENNY IWAGO**  
STREET ADDRESS **14018 LEEWARD DRIVE**  
CITY-ST-ZIP **LARGO FL**

2.1 TITLE **TREASURER/DIRECTOR** ☐ Change ☒ Addition  
2.2 NAME **BILL ROBINSON**  
2.3 STREET ADDRESS **709 PINEWOOD DRIVE**  
2.4 CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **SEC** ☒ DELETE  
NAME **CHAPLE, RAY**  
STREET ADDRESS **308 ARBOR GLEN DR.**  
CITY-ST-ZIP **PALM HARBOR FL**

3.1 TITLE **VICE PRESIDENT/DIRECTOR** ☐ Change ☒ Addition  
3.2 NAME **GARY MILLER**  
3.3 STREET ADDRESS **117 9th St.**  
3.4 CITY-ST-ZIP **BELLEAIR BLH., 34635**

TITLE **VD** ☒ DELETE  
NAME **ROBINSON, BILL**  
STREET ADDRESS **709 PINEWOOD DR**  
CITY-ST-ZIP **DUNEDIN FL**

4.1 TITLE **SECRETARY** ☐ Change ☒ Addition  
4.2 NAME **Jim KNIGHT**  
4.3 STREET ADDRESS **13854 76th AVENUE**  
4.4 CITY-ST-ZIP **SEMINOLE, FL. 34646**

TITLE **PD** ☒ DELETE  
NAME **HESTER, PHIL**  
STREET ADDRESS **2110 POINCINA TERRACE**  
CITY-ST-ZIP **CLEARWATER FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **800001740898**  
5.4 CITY-ST-ZIP **-03/13/96--01024--027**  
**\*\*\*\$61.25**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *William A. Robinson* **Treasurer/Director 2.23.96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

15  
3/12/96