

CONFIDENTIAL
AND/OR DECLASSIFIED
1995

(6)

CS 111-1 14:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

298 SKIFF POINT CLEARWATER FL 34630		298 SKIFF POINT CLEARWATER FL 34630		DATE OF APPOINTMENT 3. Date of expiration of last term 09/04/1974 3a. Date of last report 07/26/1994 4. Corporation 59-1696201 Applied For ☐ Not Applicable 5. Certificate Status Desired ☐ \$8.75 Additional Fee Required 6. New to jurisdiction ☐ \$5.00 May Be Added to Fees 7. Nonprofit with 945 notations ☐ \$68.75 Supplemental Fee Not Required 8. This corporation has liability for intangible tax under 501(c)(12), Florida Statutes ☐ Yes ☒ No															
2. Filing jurisdiction 21	2a. Filing jurisdiction 26	9. Name and Address of Current Registered Agent MCNEILL, GLEN 1851 GLENVILLE CLEARWATER FL 34630																	
2b. Filing jurisdiction 22	2b. Filing jurisdiction 27	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number, Not Acceptation) 83 84 City FL 85 Zip Code																	
2c. Filing jurisdiction 23	2c. Filing jurisdiction 28	11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 responsibilities of Sections 607.01 and 607.02, Florida Statutes. SIGNATURE _____																	
2d. Filing jurisdiction 24	2d. Filing jurisdiction 29	12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">NAME</td> <td style="width: 40%;">T STAPLETON, BRUCE 298 SKIFF PT 402 CLEARWATER FL</td> <td style="width: 10%;">NAME</td> <td style="width: 40%;">[] Change [] Addition</td> </tr> <tr> <td>NAME</td> <td>P MCNEILL, GLENN 1851 GLENVILLE CLEARWATER FL</td> <td>NAME</td> <td>[] Change [] Addition</td> </tr> <tr> <td>NAME</td> <td>SD MANN, PHIL 298 SKIFF PT #202 CLEARWATER FL</td> <td>NAME</td> <td>[] Change [] Addition</td> </tr> <tr> <td>NAME</td> <td>D HACKING, ED 298 SKIFF PT #301 CLEARWATER FL</td> <td>NAME</td> <td>[] Change [] Addition</td> </tr> </table>		NAME	T STAPLETON, BRUCE 298 SKIFF PT 402 CLEARWATER FL	NAME	[] Change [] Addition	NAME	P MCNEILL, GLENN 1851 GLENVILLE CLEARWATER FL	NAME	[] Change [] Addition	NAME	SD MANN, PHIL 298 SKIFF PT #202 CLEARWATER FL	NAME	[] Change [] Addition	NAME	D HACKING, ED 298 SKIFF PT #301 CLEARWATER FL	NAME	[] Change [] Addition
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13. I, the undersigned, certify that the information reported with this filing is complete, true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation. I am familiar with and accept the responsibilities of Sections 607.01 and 607.02, Florida Statutes. I further certify that the information submitted on this filing is complete, true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation. I am familiar with and accept the responsibilities of Sections 607.01 and 607.02, Florida Statutes. I further certify that the information submitted on this filing is complete, true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation. I am familiar with and accept the responsibilities of Sections 607.01 and 607.02, Florida Statutes.																			
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