

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F63354**

(7)

1. Corporation Name

CLARY REALTY INC.



Principal Place of Business

**C/O DOROTHY HOVE CLARY
2301 KALIN LANE
SARASOTA, FL 34231**

Mailing Address

**2301 KALIN LANE
2301 KALIN LANE
SARASOTA FL 34231
US**

3. Date Incorporated or Qualified
01/15/1982

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2194126

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARY, DOROTHY HOVE
2301 KALIN LANE
SARASOTA, FL 34231**

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

Signature, typed or printed name of registered agent and title, if applicable

(Initials - Registered Agent Signature required when not typed)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VD

☐ DELETE

NAME

CLARY, GEORGE HOVE

STREET ADDRESS

1818 BUCCANEER DR.

CITY - ST - ZIP

SARASOTA FL

TITLE

TD

☐ DELETE

NAME

TURNER, KAREN CLARY

STREET ADDRESS

5650 ST. LOUIS AVE

CITY - ST - ZIP

SARASOTA FL

TITLE

PTD

☐ DELETE

NAME

CLARY, DOROTHY HOVE

STREET ADDRESS

2301 KALIN LANE

CITY - ST - ZIP

SARASOTA FL

TITLE

V

☐ DELETE

NAME

TURNER, THOMAS W.

STREET ADDRESS

5650 ST. LOUIS AVE.

CITY - ST - ZIP

SARASOTA FL

TITLE

S

☐ DELETE

NAME

CLARY, ELIZABETH ANNE

STREET ADDRESS

1818 BUCCANEER DR.

CITY - ST - ZIP

SARASOTA FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

SIGNATURE: *Dorothy Hove Clary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 *941-922-7351*
DATE DAYTIME PHONE

CR2E034 (12/95)