

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G03374 (7)

1. Corporation Name
CLEVINGER & ASSOCIATES, P.A.



Principal Place of Business 3621 5 AVE. NO. ST. PETERSBURG FL 33713	Mailing Address 3621 5 AVE. NO. ST. PETERSBURG FL 33713
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1982	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State
27 Zip	28 Country	29 Zip	30 Country	4. FEI Number 59-2220525	Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CLEVINGER, WALTER M. 3621 5TH AVENUE NORTH ST. PETERSBURG FL 33713				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CLEVINGER, WALTER M.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6590 29TH AVENUE NORTH	1.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVINGER, LINDA D.	2.2 NAME	
STREET ADDRESS	6590 29TH AVENUE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEVINGER, DAVID M	3.2 NAME	V.S.T.O
STREET ADDRESS	11284 67TH AVE NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address **WALTER M CLEVINGER**

SIGNATURE: Walter M Clevinger 312 84 P13 321 1293

CF2E034 (10/97)