FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G32418 (7)

1. Corporation Name
CLEARWATER INVESTORS REALTY, INC.

Principal Place of Business	Mailing Address
3435 SE 13TH ST OCALA FL 34471	3435 SE 13TH ST OCALA FL 34471

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1983
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 2929 NE 3rd Street	26 2929 NE 3rd Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ocala, FL	28 City & State: Ocala, FL
24 Zip: 34470 25 Country: USA	29 Zip: 34470 30 Country: USA

4. FEI Number: 59-2277508 ☐ 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

MORTIMER, MARY L
3435 SE 13TH ST
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2929 NE 3rd Street
83
84 City: Ocala FL 85 Zip Code: 34470

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change ☐ Addition	
NAME	MORTIMER, MARY L.	12 NAME		
STREET ADDRESS	3435 SE 13TH ST	13 STREET ADDRESS	2929 NE 3rd Street	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	ST	21 TITLE	☒ Change ☐ Addition	
NAME	MORTIMER, MARY L.	22 NAME		
STREET ADDRESS	3435 SE 13TH ST	23 STREET ADDRESS	2929 NE 3rd Street	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	V	31 TITLE	☒ Change ☐ Addition	
NAME	MORTIMER, MARY L.	32 NAME		
STREET ADDRESS	3435 SE 13TH ST	33 STREET ADDRESS	2929 NE 3rd Street	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	Ocala, FL 34470	
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Mary L Mortimer Mary L. Mortimer 4-26-95 904-629-2622
DIRECTOR OR OFFICER OR AUTHORIZED AGENT OR DIRECTOR — PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0981144 CP