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**CORPORATION  
ANNUAL REPORT  
1995**



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

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # H40038 (2)**

**1. Corporation Name  
CLEARWATER MATTRESS COMPANY, INC.**

**Principal Place of Business Mailing Address  
% MEL JONES 8325 ULMERTON RD.  
8325 ULMERTON RD. LARGO FL 34641  
LARGO FL 34641 US**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 01/25/1985  
3a. Date of Last Report 02/15/1994**

|                                       |                               |   |   |
|---------------------------------------|-------------------------------|---|---|
| <b>2. Principal Place of Business</b> | <b>2a. Mailing Address</b>    | <b>4. FEI Number</b><br>59-2480382  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>21</b> Suite, Apt. #, etc.         | <b>26</b> Suite, Apt. #, etc. | <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                         |
| <b>22</b> City & State                | <b>27</b> City & State        | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                            |
| <b>23</b> Zip                         | <b>28</b> Zip                 | <b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <b>24</b> Country                     | <b>29</b> Country             |   |   |

|  |  |
|--|--|
| <b>9. Name and Address of Current Registered Agent</b>     | <b>10. Name and Address of New Registered Agent</b>          |
| <b>JONES, MEL<br/>8325 ULMERTON RD.<br/>LARGO FL 34641</b> | <b>81 Name</b>   |
|  | <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> |
|  | <b>83</b>  |
|  | <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>                  |

**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 re-registering) DATE \_\_\_\_\_

| <b>12. OFFICERS AND DIRECTORS</b> |   | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> |  |
|-----------------------------------|---|--|--|
| <b>TITLE</b><br><b>V</b>          | <b>JONES, SUSAN C.<br/>307 LAHACIENDA DR.<br/>INDIAN ROCKS BEACH FL</b> | <b>1.1 TITLE</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>PS</b>         | <b>JONES, MEL<br/>307 LAHACIENDA DR.<br/>INDIAN ROCKS BCH FL</b>        | <b>1.2 NAME</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>T</b>          | <b>SISSON, REBECCA A.<br/>12954 SARAH LANE<br/>LARGO FL</b>             | <b>1.3 STREET ADDRESS</b>                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>1.4 CITY - ST - ZIP</b>                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>2.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>2.2 NAME</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>2.3 STREET ADDRESS</b>                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>2.4 CITY - ST - ZIP</b>                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>3.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>3.2 NAME</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>3.3 STREET ADDRESS</b>                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>3.4 CITY - ST - ZIP</b>                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>4.1 TITLE</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b>                      |   | <b>4.2 NAME</b>  |  |
| <b>TITLE</b>                      |   | <b>4.3 STREET ADDRESS</b>                                    |  |
| <b>TITLE</b>                      |   | <b>4.4 CITY - ST - ZIP</b>                                   |  |
| <b>TITLE</b>                      |   | <b>5.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>5.2 NAME</b>  |  |
| <b>TITLE</b>                      |   | <b>5.3 STREET ADDRESS</b>                                    |  |
| <b>TITLE</b>                      |   | <b>5.4 CITY - ST - ZIP</b>                                   |  |
| <b>TITLE</b>                      |   | <b>6.1 TITLE</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b>                      |   | <b>6.2 NAME</b>  |  |
| <b>TITLE</b>                      |   | <b>6.3 STREET ADDRESS</b>                                    |  |
| <b>TITLE</b>                      |   | <b>6.4 CITY - ST - ZIP</b>                                   |  |

**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)(b), 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 in an attachment with an address.**

**SIGNATURE:** *Mel Jones* **PRES** **3-29-95** **813-539-1600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Phone #