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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90122 031 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H40038

1. Corporation Name
CLEARWATER MATTRESS COMPANY, INC.



Principal Place of Business

% MEL JONES
8325 ULMERTON RD.
LARGO FL 33771
US

Mailing Address

8325 ULMERTON RD.
LARGO FL 33771
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1985

4. FEI Number

59-2480382

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.
1185 Baskins Dr

2a. Mailing Address

26 Suite, Apt. #, etc.
1185 Baskins Dr

23 City & State

Largo, FL

27 City & State

Largo, FL

24 Zip

33778

Country

US

29 Zip

33778

Country

US

9. Name and Address of Current Registered Agent

JONES, MEL
8325 ULMERTON RD.
LARGO FL 33771

10. Name and Address of New Registered Agent

81 Name **Mel Jones**
82 Street Address (P.O. Box Number is Not Acceptable)
1185 Baskins Dr
83
84 City **Largo** **FL** 85 Zip Code **33778**

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 **Mel Jones** **4-23-99**

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE
NAME **SIZEMORE, GARY D.**
STREET ADDRESS **9230 FAIRWEATHER DR**
CITY-STATE-ZIP **LARGO FL**

TITLE **PS** ☐ DELETE
NAME **JONES, MEL**
STREET ADDRESS **307 LAHACIENDA DR.**
CITY-STATE-ZIP **INDIAN ROCKS BCH FL**

TITLE **T** ☒ DELETE
NAME **SISSON, REBECCA A.**
STREET ADDRESS **12954 SARAH LANE**
CITY-STATE-ZIP **LARGO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Ron Riddle**
3.3 STREET ADDRESS **3927 Helena NE**
3.4 CITY-STATE-ZIP **St. Petersburg FL 33703**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: **Gary D. Sizemore** **U.P. Gary Sizemore** **4-23-99** **727-479-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)