

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J37493

(0)

1. Corporation Name

CLEMMER PROPERTIES, INC.



Principal Place of Business

Mailing Address

~~5700 MIDNIGHT PASS RD.~~
1911 BAYWOOD DR
SARASOTA FL 34242
US

~~5700 MIDNIGHT PASS RD.~~
1911 BAYWOOD DR
SARASOTA FL 34242-3000
US

2. Principal Place of Business

2a. Mailing Address

21 1911 BAYWOOD DR

26 1911 BAYWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SARASOTA, FL

28 SARASOTA

24 Zip 34231

25 Country

29 Zip 34231

30 Country

3. Date Incorporated or Qualified
10/08/1986

3a. Date of Last Report
04/09/1996

4. FEI Number
59-2734087

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

CLEMMER, LISA D.

~~5700 MIDNIGHT PASS RD.~~
~~SARASOTA FL 34242~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1911 BAYWOOD DR.

83

84 City

SARASOTA

FL

85 Zip Code

34231

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME CLEMMER, LISA D
STREET ADDRESS 5700 MIDNIGHT PASS RD.
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1911 BAYWOOD DR
1.4 CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ DELETE
NAME CLEMMER, LISA D
STREET ADDRESS 5700 MIDNIGHT PASS RD.
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1911 BAYWOOD DR
2.4 CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Lisa D. Clemmer, Lisa D. Clemmer 4/18/97 941-346-0256

CR2E034 (9/96)