

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J66470

(2)

1. Corporation Name

CLARE AND ASSOCIATES, INC.



Principal Place of Business

% BUDDY J. LEVY
7439 E. HILLSBOROUGH AVENUE
TAMPA FL 33610

Mailing Address

% BUDDY J. LEVY
7439 E. HILLSBOROUGH AVENUE
TAMPA FL 33610

2. Principal Place of Business

2a. Mailing Address

21

State, Apt., #, etc.

26

State, Apt., #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/06/1987

3a. Date of Last Report
01/27/1995

4. FEI Number
59-2796637

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of Registered Agent or Designated Agent

Signature of Registered Agent or Designated Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CLARE, JIM R.	
STREET ADDRESS	7439 E. HILLSBOROUGH AVE	
CITY-STATE-ZIP	TAMPA FL	
TITLE	SD	☐ DELETE
NAME	LEVY, BUDDY J.	
STREET ADDRESS	7439 E HILLSBOROUGH AVE	
CITY-STATE-ZIP	TAMPA FL	
TITLE	TD	☐ DELETE
NAME	COOK, CHERRY T.	
STREET ADDRESS	7439 E HILLSBOROUGH AVE	
CITY-STATE-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	RALPH CLARE, C	
STREET ADDRESS	7439 E. HILLSBOROUGH AVE	
CITY-STATE-ZIP	TAMPA FL	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	TD
33 STREET ADDRESS	TAYLOR, CHERRY
34 CITY-STATE-ZIP	7439 E HILLSBOROUGH AVE TAMPA FL
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(k), 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:

Buddy J. Levy

BUDDY J. LEVY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

(813) 623-3543

DATE

Daytime Phone #

CR2E034 (12/95)