

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

**APPROVED  
AND  
FILED**

**95 APR 24 PH 3:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # J71217 (0)**

**1. Corporation Name  
CLINTECH, INC.**

**Principal Place of Business  
12350 US HIGHWAY 19  
BAYONET POINT FL 34667**

**Mailing Address  
12350 US HIGHWAY 19  
BAYONET POINT FL 34667**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified: 05/04/1987**      **3a. Date of Last Report: 07/21/1994**

**4. FEI Number: 58-2950540**      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

**2. Principal Place of Business**

**2a. Mailing Address**

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RESIDENT AGENT CORPORATION OF PINELLAS CO.  
980 TYRONE BLVD.  
ST. PETERSBURG FL 33710**

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

(NOTE: Registered Agent signature required when resigning)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE: ST**  
**NAME: FRANKLIN, MARK S.**  
**STREET ADDRESS: 10225 ULMERTON RD., #1A**  
**CITY-ST-ZIP: LARGO FL 34641**

**1.1 TITLE:**  Change  Addition  
**1.2 NAME:**  
**1.3 STREET ADDRESS:**  
**1.4 CITY-ST-ZIP:**

**TITLE: DP**  
**NAME: GRANDY, LEE**  
**STREET ADDRESS: 8516 SUNFLOWER LANE**  
**CITY-ST-ZIP: BAYONET POINT FL 34667**

**2.1 TITLE:**  Change  Addition  
**2.2 NAME:**  
**2.3 STREET ADDRESS:**  
**2.4 CITY-ST-ZIP:**

**TITLE:**  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

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

**TITLE:**  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

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

**TITLE:**  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

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

**TITLE:**  
**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 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 only in attachment with an address.**

**SIGNATURE: Lee Grandy**      **LEE GRANDY**      **4/17/95**      **8138698860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #