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May 16 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 # J73164
1. Corporation Name
CLEARWATER LAND COMPANY

(2)



Principal Place of Business
18167 US HWY 19, N
680
CLEARWATER FL 34624
US

Mailing Address
18167 US HWY 19, N
680
CLEARWATER FL 34624-6569
US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 Zip 26 Country

27 Name and Address of Current Registered Agent

28 Name and Address of New Registered Agent

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

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

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3. Date Incorporated or Qualified 05/15/1987 3a. Date of Last Report 05/01/1996

4. FEI Number 59-2876602 Applied For Not Applicable

5. Certificate of Status Desired XX \$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

81 Name

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

83 City

84 Zip Code

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P JOHNSON, R. KELLEY DELETE

NAME JOHNSON, R. KELLEY

STREET ADDRESS 18167 US HWY 19, N, 680

CITY-ST-ZIP CLEARWATER FL

TITLE T JOHNSON, RICHARD C. DELETE

NAME JOHNSON, RICHARD C.

STREET ADDRESS 18167 US HWY 19, N 680

CITY-ST-ZIP CLEARWATER FL

TITLE S EZELL, NEIL DELETE

NAME EZELL, NEIL

STREET ADDRESS 18167 US HWY 19, N, 680

CITY-ST-ZIP CLEARWATER FL

TITLE V JOHNSON, TIMOTHY A., JR DELETE

NAME JOHNSON, TIMOTHY A., JR

STREET ADDRESS 911 CHESTNUT ST

CITY-ST-ZIP CLEARWATER FL

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-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-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

R. KELLEY JOHNSON

4/30/97 (813) 530-5522

CR2E034 (9/96)