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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

K11187

(7)

	CLOVE	r cell	ULAR CO.											
Principal Place of Business Mailing Address														
3307 SEA MARSH FERNANDINA BEACH FL 32034-4					3307 SEA MARSH FERNANDINA BEACH FL 32034-4									
		***************************************	MATERIA N. M. M. A. Andrewson Advance on the control	····						3. Date Incorporated or Qualified 01/07/1988		of Last Re <b>)5/01/1</b> !		
2. 21	Principal Place	of Busine	oss .	2a. 25	Malling Address					4. FEI Number		<b>├</b>	Applied For	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-2871687	Not Applicable \$8.75 Additional			
22					27					5. Certificate of Status Desired			Required	
23	City & State	4 State			City & State					6. Election Campaign Financing Trust Fund Contribution  Solution  \$5.00 May Be Added to Fees				
	Zip	Country			Zip Country			,		8. This corporation has liability for intangible tax under s 199.032,				
24		O Nome	25	29		30	<b>-</b>			Florida Statutes				
		s. IVANIE	and Address of Curre	nc negis	ierea Agent		81	Name		10. Name and Address of New F	egistered A	gent	<del></del>	
	ODIFFIN				I									
GRIFFIN, CLARENCE A., JR. 3307 SEA MARSH RD. FERNANDINA BEACH FL 32034							82	Street .	Street Address (P.O. Box Number is Not Acceptable)		ole)			
							83	<del> </del>						
	LINE	וטוואה טנ	MORTE BEOST				0.4			· · · · · · · · · · · · · · · · · · ·		71		
							84	City			FL	85   Zip	p 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.													
516	SNATURE	nature, typed	or printed name of registered ager	it and title 1;	appheable (N	NOTE: Registere	d Ager	nt signature r	equired w	hen reinstating)	DATE.			
12.			OFFICERS AN	ID DIFIE (		13.				ADDITIONS/CHANGES TO OFF				
TITL		D			☐ DELETE		TITLE					] Change	☐ Addition	
NAM			IN, CLARENCE A., J	R			NAME							
	EET ADDRESS		SEA MARSH RD.					ADDRESS	,					
TITU	r - \$1 - ZIP		ANDINA BEACH FL		DELETE		JIIY-S TITLE	ST-ZIP				7 Change	Addition	
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	EET ADDRESS		E. MOREHEAD ST.					T ADDRESS						
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STRE	EE1 ADDRESS					6.3 9	STREET	ADDRESS						
	r-ST-ZIP					·		S1-ZIP	l <u></u>					
14.	certify that the oath; that I a	ne informat m an offici	ion indicated on this ann	iual repor oration o	t or supplemental an r the receiver or trust	nual report lee empowi	is tru	ue and ac	curate	the exemption stated in Section 119 and that my signature shall have the eport as required by Chapter 607, FI	same legal e	effect as if	f made under	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SPROSE OF DIRECTOR

1/85/96 904/277-3523

CR2E034 (12/