

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

FILED

Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K99900 (8)  
1. Corporation Name  
CLEARWATER FERRY SERVICE, INC.



Principal Place of Business 25 CAUSEWAY BLVD PO BOX 3335 CLEARWATER FL 34630	Mailing Address 25 CAUSEWAY BLVD PO BOX 3335 CLEARWATER FL 34630
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 25 CAUSEWAY BLVD. Suite, Apt. #, etc. 22 SLIP # 5 City & State 23 CLEARWATER, FL.		2a. Mailing Address 26 PO BOX 3563 Suite, Apt. #, etc. 27 City & State 28 CLEARWATER, FL.		3. Date Incorporated or Qualified 07/03/1989	
24 33767 County 25 PINELLAS		29 33767 County 30 PINELLAS		4. FEI Number 59-2959047 Applied For Not Applicable	
g. Name and Address of Current Registered Agent HENDERSON, PHIL M. 25 CAUSEWAY BLVD CLEARWATER FL 34630				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D HENDERSON, PHIL M	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, PHIL M		1.2 NAME		
STREET ADDRESS	25 CAUSEWAY BLVD		1.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP		
TITLE	D HENDERSON, SUE A	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, SUE A		2.2 NAME		
STREET ADDRESS	25 CAUSEWAY BLVD		2.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL		2.4 CITY - ST - ZIP		
TITLE	D HENDERSON, P.M.	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, P.M.		3.2 NAME		
STREET ADDRESS	25 CAUSEWAY BLVD		3.3 STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL		3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I 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: *Phil M. Henderson* 1-15-98 (813) 442-5600

CR2E034 (10/97)