FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 18 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L14755** **(7)**

1. Corporation Name
CLEVELAND STEAMSHIP COMPANY

Principal Place of Business	Mailing Address
C/O W. KEVIN RUSSELL 18501 MURDOCK CIRCLE, SIXTH FLOOR PORT CHARLOTTE FL 33948	C/O W. KEVIN RUSSELL 18501 MURDOCK CIRCLE, SIXTH FLOOR PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/11/1989**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: **65-0151600** ☐ 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

9. Name and Address of Current Registered Agent

RUSSELL, W. KEVIN
18501 MURDOCK CIRCLE, SIXTH FLOOR
PORT CHARLOTTE FL 33948

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, W. KEVIN	12 NAME	
STREET ADDRESS	18501 MURDOCK CIRCLE, 6TH FLOOR	13 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL 33948	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, LINDSAY	22 NAME	
STREET ADDRESS	315 W. GRACE STREET	23 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL 33950	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FROHLICK, W. CORT	32 NAME	
STREET ADDRESS	18501 MURDOCK CIRCLE, 6TH FLOOR	33 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL 33948	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DOOLITY, FRANK	42 NAME	
STREET ADDRESS	1001 W. HENRY STREET	43 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL 33950	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DOOLITY, FRANK	52 NAME	DELETE Frank Doolity as a Director at
STREET ADDRESS	23046 HARBORVIEW ROAD	53 STREET ADDRESS	23046 Harborview Road
CITY ST ZIP	CHARLOTTE HARBOR FL	54 CITY ST ZIP	Charlotte Harbor, FL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: W. Kevin Russell 4/13/95 813/625-0700
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

CP