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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:55

DOCUMENT # L91625 (8)

1. Corporation Name
MR. CLEARWATER TUX, INC.

Principal Place of Business	Mailing Address
26880 US 19 NORTH BUILDING C CLEARWATER FL 34621	428 AMERICAN LGN HIGHWAY REVERE MA 02151 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/07/1990	3a. Date of Last Report: 08/19/1994
4. FEI Number: 65-0217677	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ATKIN, IRVING
5422 SAN MARINO WAY
LAKEWORTH FL 33467

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCKANAS, SHERYL	12 NAME	
STREET ADDRESS	34 PROSPECT ST	13 STREET ADDRESS	
CITY-ST-ZIP	MELROSE MA	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	ATKIN, ARNOLD	22 NAME	
STREET ADDRESS	24 PROSPECT STREET	23 STREET ADDRESS	3 JULIE CIRCLE
CITY-ST-ZIP	MELROSE MA	24 CITY-ST-ZIP	PEABODY, MA 01960
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	WHIFFEN, PAUL	32 NAME	
STREET ADDRESS	1230 GULF BOULEVARD, SUITE 1807	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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: Sheryl A. McKanas SHERYL McKANAS 2-1-95 (617) 286-1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393870 FP