

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L94819 (4)**

1. Corporation Name

**CLARION ENTERPRISES, INC.**



Principal Place of Business

**58 EAST MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**

Mailing Address

**58 EAST MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified  
**08/21/1990**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**59-3025793**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$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

**GANOE, RAYMOND A.  
58 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**

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

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

(NOTE: Registered Agent Signature is required when reappointing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANOE, RAYMOND A</b>		1.2 NAME	
STREET ADDRESS	<b>58 E. MERRITT ISLAND CSWY</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>		1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANOE, DICK</b>		2.2 NAME	
STREET ADDRESS	<b>58 E MERRITT ISLAND CSWY</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>		2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANOE, BRIAN</b>		3.2 NAME	
STREET ADDRESS	<b>58 E. MERRITT ISLAND CSWY</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>		3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANOE, ROBERT</b>		4.2 NAME	
STREET ADDRESS	<b>58 E MERRITT ISLAND CSWY</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>		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 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)(k), 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 as changed, or on an attachment with an address.

SIGNATURE:

*Raymond A. Gano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/96** 407  
452-8030  
Date Daytime Phone #

CR2E034 (12/95)