FILE NOW: FILING FEE $150.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # m65534

1. Corporation Name

First Clearwater Corporation

Principal Place of Business	Mailing Address
16120 U.S. Highway 19 North P.O. Box 1600 Clearwater, FL 34624-5748	P.O. Box 11007 Attn: Corp. Tax Birmingham, AL 35288

3. Date Incorporated or Qualified	3a. Date of Last Report
1/22/88	4/28/95

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

4. FEI Number: 59-2868162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Document Copies ☐ **$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

Floyd, Ronald P.
16120 U.S. Highway 19, North
Clearwater, FL 34624

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box not acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Ronald P. Floyd		1.2 NAME		
STREET ADDRESS	16120 U.S. Highway 19, North		1.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, FL 34624		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Kyle Beall		2.2 NAME		
STREET ADDRESS	1900 5th Ave North		2.3 STREET ADDRESS		
CITY-ST-ZIP	Birmingham, AL 35203		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	John Nicholson		3.2 NAME		
STREET ADDRESS	1900 5th Ave North		3.3 STREET ADDRESS		
CITY-ST-ZIP	Birmingham, AL 35203		3.4 CITY-ST-ZIP		
TITLE	Treasurer	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Lynda Kern		4.2 NAME		
STREET ADDRESS	1901 6th Ave North		4.3 STREET ADDRESS		
CITY-ST-ZIP	Birmingham, AL 35288		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Sloan D. Gibson, IV		5.2 NAME		
STREET ADDRESS	1900 5th Ave North		5.3 STREET ADDRESS		
CITY-ST-ZIP	Birmingham, AL 35203		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Michael Willoughby		6.2 NAME		
STREET ADDRESS	1900 5th Ave North		6.3 STREET ADDRESS		
CITY-ST-ZIP	Birmingham, AL 35203		6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: Lynda A. Kern Lynda A. Kern April 30, 1996 205-320-7149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

June 10, 1996 205-320-7149