

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06192 (1)

1. Corporation Name

CLEARWATER CHINA PAINTERS, INC.



Principal Place of Business

2018 CROYDEN DRIVE
CLEARWATER FL 34624

Mailing Address

2018 CROYDEN DRIVE
CLEARWATER FL 34624

2. Principal Place of Business

21 2909 FIG CT.

Suite, Apt. #, etc.

22

City & State

23 PALM HARBOR FL

24 Zip

34684-3614

Country

USA

2a. Mailing Address

26 2909 FIG CT.

Suite, Apt. #, etc.

27

City & State

28 PALM HARBOR FL

29 Zip

34684-3614

Country

USA

3. Date Incorporated or Qualified

11/15/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

23-7355179

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

TANNEY, FORDE, DONAHEY & ENO, P.A.
2454 MCMULLEN BOOTH ROAD, SUITE #501-A
CLEARWATER FL 34619

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME TP
STREET ADDRESS COLLARD, MARIE
CITY - ST - ZIP 844 ISLAND WAY 508
CLEARWATER FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS GALLETTA, LUCY
CITY - ST - ZIP 2909 FIG CT
PALM HARBOR FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS MCGUIRK, FRANCES
CITY - ST - ZIP 2745 BUTTON BUSH CT
PALM HARBOR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE TP
12 NAME BONNIE ROSENDALE
13 STREET ADDRESS 95 E. OVERBROOK ST.
14 CITY - ST - ZIP LARGO FL 33770

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

8/6/96

Date

785-8726

Daytime Phone #

0015162

CR2E037 (3/96)