

FILED
Apr 11, 2005 8:00 am
Secretary of State

DOCUMENT # N16565



Mailing Address
P. O. BOX 5165
CLEARWATER, FL 33758 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2803659

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Joseph W Clark
Street Address (P.O. Box Number is Not Acceptable)
100 N Starcrest

City Clearwater FL Zip Code 33765

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent,

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ECKERD, JACK M.	
STREET ADDRESS	100 N.STARCREST DR.	
CITY-ST- ZIP	CLEARWATER, FL 33765	

TITLE	D	<input type="checkbox"/> Delete
NAME	ECKERD, RUTH B.	
STREET ADDRESS	100 N.STARCREST DR.	
CITY - ST - ZIP	CLEARWATER FL 33765	

TITLE	D	<input type="checkbox"/> Delete
NAME	HART, NANCY E.	
STREET ADDRESS	100 N STARCREST DR.	
CITY - ST - ZIP	CLEARWATER, FL 33765	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMOUT, LES	
STREET ADDRESS	100 N. STARCREST DR	
CITY - ST - ZIP	CLEARWATER, FL 33765	

TITLE	P	<input type="checkbox"/> Delete
NAME	CLARK, JOE	
STREET ADDRESS	100 N STARCREST	
CITY - ST - ZIP	CLEARWATER, FL 33765	

TITLE	D	<input type="checkbox"/> Delete
NAME	ECKERD, K. RICHARD	
STREET ADDRESS	100 N STARCREST DR	
CITY - ST - ZIP	CLEARWATER, FL 33765	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.8.05 (727) 461-1524