FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAR 20 PM 2:17

DOCUMENT # N25469 (0)

1. Corporation Name
CLH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10000 US 98 N. #300 LAKELAND FL 33809	10000 US 98 N. #300 LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1988
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2878564 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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

COLLING, LEE J
20 NORTH ORANGE AVENUE
SUITE 700
ORLANDO FL 32801

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ 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	VD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	GRIFFITHS, WILLIAM	1.2 NAME	Cross, Nancy
STREET ADDRESS	10000 US 98 NO, STE 745	1.3 STREET ADDRESS	10,000 U.S. 98 N # 137
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland Florida 33809
TITLE	SD	2.1 TITLE	D ☐ Change ☒ Addition
NAME	DUNCAN, ROSEMARY	2.2 NAME	Schoppert, John
STREET ADDRESS	10000 US 98 NO, STE 337	2.3 STREET ADDRESS	10,000 US-98 N # 307
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, Florida 33809
TITLE	PD	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	OCHS, HAROLD	3.2 NAME	Glover, Allan
STREET ADDRESS	10000 US 98 N. #636	3.3 STREET ADDRESS	10,000 U.S. 98 N # 622
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, Florida 33809
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	WILLIAMS, JANE	4.2 NAME	Shadell, Jane
STREET ADDRESS	10000 US 98 NO, STE 606	4.3 STREET ADDRESS	10,000 U.S. 98 N. #308
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, Florida 33809
TITLE	TD	5.1 TITLE	TD ☒ Change ☐ Addition
NAME	ALTENDERFER, CHARLES	5.2 NAME	Talvensaari, Robert
STREET ADDRESS	10000 US 98 N #163	5.3 STREET ADDRESS	10,000 U.S. 98 N. #173
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, Florida 33809
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	TOBIN, PAUL	6.2 NAME	Valerio, Ronald
STREET ADDRESS	10000 US 98 NO, STE 156	6.3 STREET ADDRESS	10,000 U.S. 98 N # 484B
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland, Florida 33809

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Talvensaari Robert Talvensaari March 13, 1995 813-863-3705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097815