NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DQCUMENT # N9700006018

The Clear water Beautification and

Development Principal Place of Business

2316 Harn Blod.

P.O. Box 1052

Clear water, FL 37764

Clear 12 Pt - 22757

May 17, 1999 8:00 am Secretary of State

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/	C	rear war-	710 85 737				
2. Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed				
21	26		10/23/97				
Suite, Apt. #, etc.	Suite, Apt. #, etc	2 .	4. FEI Number Applied For				
22	27		59-347324 Not Applicable				
City & State	City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required				
Zip Country 25	Zip 29	*Country	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
G. Graig Bur	ta	81	Name				
G. Graig Bur 2316 Harn B	Ivd.	82	Street Address (P.O. Box Number is Not Acceptable)				
		83					
Clear water, f	23/69	84	City FL 85 Zip Code				
44 Durayant to the provisions of Sections 617	0502 and 617 1508 Florida 9	Statutes the above-	e-named corporation submits this statement for the purpose of changing its registered				

Pursuant to the provisions of Sections of 17.0002 and of 17.1006, Florida Statutes, the advocarianted corporation's board of directors. I hereby accept the appointment as 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			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								
12.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition			
TITLE	DELETE	1.1 TITLE		Change	☐ Addition			
NAME	or, David Singer	1.2 NAMÉ						
STREET ADDRESS	24 win siten Orive	1.3 STREET ADDRESS						
CITY-ST-ZIP	Bolleair FL 34616	1.4 CITY-ST-ZIP		1-				
TITLE	DELETE	2.1 TITLE	D	(Change	☐ Addition			
NAME	G. Graig Burton.	2.2 NAME	G. Graig Burton	Addre	T.			
STREET ADDRESS	2030 mcKinkey Str	2.3 STREET ADDRESS	2316 Harn Blud.					
CITY-ST-ZIP	clearwater FL 33765	2. 4 CITY-ST-ZIP	cleanwater FL 33764					
TITLE	DELETE	31 TITLE	4	Change	Addition			
NAME	Bennetta Slaughter	3.2 NAME	Bennetta Slaughte	2001	es			
STREET ADDRESS	300 Button wood Ln	3.3 STREET ADDRESS	2433 Kent Place					
CITY-ST-ZIP	Large FL 33770	3.4. CITY-ST-ZIP	clearwater FL 3376	19	_			
TITLE	DELETE	4.1 TITLE	•	Change	Addition			
NAME	Dr. Kitt Argall	4. 2 NAME						
STREET ADDRESS	5 birdle lare	4.3 STREET ADDRESS						
CITY-ST-ZIP	Dunedin FL 34683	4.4 CITY-ST-ZIP						
TITLE	☐ DELETÉ	5.1 TITLE		☐ Change	☐ Addition			
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP	<u></u>	5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition			
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-ZIP						

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 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 attention with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR