

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P37206 (0)

1. Corporation Name

CLARTEL SUPPLY CO

Principal Place of Business

2440 SULSTONE DR
HARBOUR HEIGHTS FL 33983

Mailing Address

2440 SULSTONE DR
HARBOUR HEIGHTS FL 33983



2. Principal Place of Business

21 119 CORPORATION WAY

2a. Mailing Address

26 119 CORPORATION WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT B

27 UNIT B

City & State

City & State

23 VENICE, FL

28 VENICE, FL

Zip

Country

24 34292

25 USA

29 34292

Country

30 USA

9. Name and Address of Current Registered Agent

CLARSON, ROBERT
2440 SULSTONE DR
HARBOUR HEIGHTS FL 33983

3. Date Incorporated or Qualified
01/23/1992

3a. Date of Last Report
04/11/1995

4. FEI Number
65-0173634

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

81 Name HARRY J. THOMPSON

82 Street Address (P.O. Box Number is Not Acceptable)

119 CORPORATION WAY

83 UNIT B

84 City VENICE

FL

85 Zip Code

34292

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 *Harry J. Thompson, P.*

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CLARSON, ROBERT
STREET ADDRESS 198 N WATERWAY DRIVE
CITY-ST-ZIP PT CHARLOTTE FL ☒ DELETE

TITLE VDS
NAME CLARSON, JULIE B
STREET ADDRESS 198 N. WATERWAY DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME THOMPSON, HARRY J. ☒ Change ☐ Addition
1.3 STREET ADDRESS 1910 TRADEWINDS CR.
1.4 CITY-ST-ZIP VENICE, FL 34293

2.1 TITLE S/T
2.2 NAME THOMPSON, DOLORES C. ☒ Change ☐ Addition
2.3 STREET ADDRESS 1910 TRADEWINDS CR.
2.4 CITY-ST-ZIP VENICE, FL 34293

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, 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 OR DIRECTOR

4/24/96

941-488-4444

CR2E034 (12/95)