

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
FEB 1996

DOCUMENT # **P93000067389 (5)**

1. Corporation Name

S S ASSOCIATES OF CLEWISTON, INC.

DATE: FEB 21 2:31

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ROUTE 2
BOX 242
CLEWISTON FL 33440

ROUTE 2
BOX 242
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1993

3b. Date of Last Report

08/04/1994

4. FET Number

65-0437131

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. Has corporation complied with the requirements of Chapter 407, Florida Statutes?

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPAIDE, HAROLD
ROUTE 2
BOX 242
CLEWISTON FL 33440

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 601.02(2) and 601.15(3), 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 understand the requirements of Section 601.02(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent (If Registered Agent Signature Required, attach separately)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information was obtained from the annual report or supplemental annual report as 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 owner or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attached list with an address.

SIGNATURE: *Shirley J. Spaide Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95