

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000013459 (0)

1. Corporation Name

CHILDRENS PLACE OF CLEARWATER, INC.

Principal Place of Business

707 DRUID ROAD EAST
CLEARWATER FL 34616

Mailing Address

707 DRUID ROAD EAST
CLEARWATER FL 34616



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt., #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HANLEY, JOHN P
707 DRUID ROAD EAST
CLEARWATER FL 34616

3. Date Incorporated or Qualified

02/17/1994

3a. Date of Last Report

04/19/1995

4. FEI Number

65-0571901

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.09(2) 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 607.09(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Designated Representative

Signature of Agent or Representative (if filing)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HANLEY, KAY K	
STREET ADDRESS	707 DRUID ROAD EAST	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	VD	☐ DELETE
NAME	ROBINSON, AUBRY G	
STREET ADDRESS	707 DRUID ROAD EAST	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	STD	☐ DELETE
NAME	HANLEY, JOHN P	
STREET ADDRESS	707 DRUID ROAD EAST	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	☐ Change ☐ Addition

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)(b), 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 its 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 a statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

813-443-2679

CR2E034 (12/95)