

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 # P94000068974 (2)

1. Corporation Name

CLEARSHIELD OF THE TREASURE COAST, INC.



Principal Place of Business

Mailing Address

1019  
1000 S. E. HOLBROOK COURT  
B. BUILDING B UNIT # 3  
PORT ST. LUCIE FL 34952

1019  
1033 S. E. HOLBROOK COURT  
B. BUILDING B UNIT # 3  
PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified  
09/16/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1019 SE. Holbrook Ct

26 JAME

4. FEI Number

28-1303731

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

22 Building B Unit #3

27 City & State

23 Port St Lucie FLA.

28 City & State

24 34952

Country

25 St. Lucie FL

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REILLY, JACK  
1033 S.E. HOLBROOK CT.  
BUILDING C, UNIT #4  
PORT ST. LUCIE FL 34952

81 Name

Reilly Jack

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

1019 SE HOLBROOK CT

83

PORT ST LUCIE FLA

84 City

Bldg B UNIT 3

FL

85 Zip Code

34952

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

Signature, typed or printed name of registered agent and the corporation

NOTE: Registered Agents include registered shareholders

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME JENNINGS, CHARLES E  
STREET ADDRESS 1382 S.W. PATRICIA AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE TSD ☒ DELETE

NAME JENNINGS, NANCY  
STREET ADDRESS 1382 S.W. PATRICIA AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE VPS ☐ DELETE

NAME REILLY, JACK P  
STREET ADDRESS 2041 GRIFFIN AVENUE  
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE P ☐ DELETE

NAME DORWARD, BERT  
STREET ADDRESS 1301 RUSHING LANE  
CITY-ST-ZIP PORT ST. LUCIE FL

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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

Date

Daytime Phone

4/4/96

407-337-0660

CR2E034 (12/95)