

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

1-30-96-6-0497-C

DOCUMENT # P95000037277 (7)

1. Corporation Name

CLEARWATER FINANCIAL INVESTMENTS, INC.



Principal Place of Business

3100 W. RIDGE RD.
HOLIDAY FL 34691

Mailing Address

3100 W. RIDGE RD.
HOLIDAY FL 34691

3. Date Incorporated or Qualified

05/09/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

1770 PARKER DRIVE

Suite, Apt. #, etc.

27

City & State

28

PIQUA, OHIO

29

Zip

45356

30

USA

4. FEI Number

59-3316053

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 had for intangible tax under s. 199.032,
Florida Statutes

Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKERSON, DALE H
3100 W. RIDGE RD.
HOLIDAY FL 34691

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 607.0502 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

NOTE: Registered Agent's signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
JENNINGS, JAMES D
4249 CROWNWOOD AVE.
DAYTON OH 45415

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
WILKERSON, DALE H
3100 W. RIDGE RD.
HOLIDAY FL 34691

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
JOHNSTON, TIMOTHY
1770 PARKER DR.
PIQUA OH 45356

☐ 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

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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:

Timothy Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY JOHNSTON

1-25-96

Date

(513) 898-0826

Daytime Phone

820 11

CR2E034 (12/95)