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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000085955 (9)

1. Corporation Name
FTN OF CLEARWATER, INC.

Principal Place of Business
14100 U.S. HWY. 19 N., STE. 118
CLEARWATER FL 34624-7241

Mailing Address
14100 U.S. HWY. 19 N., STE. 118
CLEARWATER FL 34624-7241

3. Date Incorporated or Qualified: 11/07/1995
3a. Date of Last Report:

4. FEI Number: 59-3344006 — ☐ 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

2. Principal Place of Business
21 2300 Tall Pines
Suite, Apt #, etc.
22 Suite 150
City & State
23 Largo, Florida
Zip
24 34641
Country
25

2a. Mailing Address
26 Same
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

BURKETT, FRANKLIN S
14100 U.S. HWY. 19 N., STE. 118
CLEARWATER FL 34624-7241

10. Name and Address of New Registered Agent

81 Name: Thomas Burkett
82 Street Address (P.O. Box Number is Not Acceptable): ~~2300 Tall Pines~~
83 ~~Suite 150~~
84 City: Largo FL 85 Zip Code: ~~34641~~ 34641

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 5/1/96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	BURKETT, FRANKLIN S	
STREET ADDRESS	14100 U.S. HWY. 19 N., STE. 118	
CITY-ST-ZIP	CLEARWATER FL 34624-7241	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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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	P/S	☐ Change ☒ Addition
1.2 NAME	Thomas Burkett	
1.3 STREET ADDRESS	2300 Tall Pines, Suite 150	
1.4 CITY-ST-ZIP	Largo, FLorida 34641	
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		

CR2E034 (12/95)

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] 4/30/96 813-524-8202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas Burkett, President