FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021086 (9)

M.W.B. OF CLEARWATER INC.

WHITEHURST, BARRY D

CLEARWATER FL 34620

WHITEHURST, MARY ANN

CLEARWATER FL 34620

1991 LEVINE LANE

1991 LEVINE LANE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY - ST- ZIP

Principal Place of Business Mailing Address				(1984)261 (12 (5)10 Bitz: 4611) Edrii 4614 2614 1124 1124 1124 1124 1124
1991 LEVINE LANE CLEARWATER FL 34620 CLEARWATER FL 34620			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified
				01/30/1996
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	26			59-3364696 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip Country	Zip Country		try	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
WHITEHURST, BARRY D		8	31 Name	
1991 LEVINE LANE			82 Street Address (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34620			Street	Address (P.O. Box Number is Not Acceptable)
OLLAHWALLITE 04020		8	33	
		8	34 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
		13.		
		1.1 TITL		Change Addition

1.2 NAME

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

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1.3 STREET ADDRESS

2.3 STREET ADDRESS

2. 4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

■ 6.4 CiTY-ST-ZIP |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bom () litelist TE(Ballion D. 1) hote horst 1/10/98 813-536 5976

CR2E034 (10/97)

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Jan 23 1998 8:00am

Secretary of State