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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600058592

CLEAR BAY INVESTMENTS CORPORATION

| | | | | | | | | | | |
|--|--|-------------------------------|-----------------|--------------------|----------------|----------------------------------|---|---------------|----------------|----------------|
| Principal Place of Business Mailing Address | | | | | | | | | | 1819 1181 1881 |
| BARNETT TOWE | R. SUITE 1210 | BARNETT TOWER. SUITE 1210 | | | | | | | | |
| ONE PROGRESS | | ONE PROGRESS PLAZA | | | | | DO NOT WRITE IN THIS SPACE | | | |
| ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 | | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 1 | 07/11/1996 | | | ļ |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | · | | 4. FEI Number | | A | pplied For |
| 21 | | 26 | | | | | 59-3392446 | | N | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | • | Additional |
| 22 | | 27 | | | | J. Certificate of Status Desired | | Fee R | equired | |
| City & Stat | ė | City & State | | | 1 - | 6. Election Campaign Financing | | | May Be | |
| 23 | | 28 | | | - | Trust Fund Contribution | | | to Fees | |
| Zip | Country | Zip | | | | | 8. This corporation owes the cur | ent year int | angible Yes | DNo. |
| 24 | 25 | 29 Secietared Apost | 30 | | | l | Personal Property Tax. 10. Name and Address of New I | Registered | | 100 |
| | 9. Name and Address of Current | Registered Agent | | 81 | Name | • | 10. Hame and Address of flow | togio.co | | |
| HAYES, GEORGE L III | | | | | | | *** | | | |
| | DNSBANK TOWER, SUITE 1210 | | | | Street / | Addres | s (P.O. Box Number is Not Accept | able) | | 1 |
| | TERSBURG FL 33701 | | | | | | | | | |
| 0 | | | | 83 | | | | | | |
| | | | | 84 | City | | | FL | 85 Zip | Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes | | | | | a-named a | cornor | ation submits this statement for the | numose of | changing it | s registered |
| office or r | to the provisions of Sections 607,0502 registered agent, or both, in the State or familiar with, and accept the obligation | i Florida. Such change was a | uthonzed | עס ב | the corpo | oration' | 's board of directors. I hereby acce | pt the appoi | ntment as r | egistered |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE | Panistered | Agen | t signature re | equired w | rhen reinstating) | DÁTE | | —— (|
| 12. | OFFICERS AND | | 13. | ,,,,,,,,,, | | | ADDITIONS/CHANGES TO OF | FICERS AN | D DIRECT | ORS IN 12 |
| TILE | D | ☐ DELETE | 1.1 11 | TLE | | | **** | | ☐ Change | ☐ Addition |
| | HAYES, GEORGE L III | | 1.2 N | AME | 1 | | | | | |
| STREET ADDRESS NATIONSBANK TOWER, STE. 12 | | 0-1 PROGRESS PL 138 | | TREET | ADDRESS | | | | | ļ. |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | | 1.4 C | TY-S | T-ZIP | | | | | |
| TITLE | D DEL | | 2.1 TI | tuE | | | | , | ☐ Change | ☐ Addition |
| NAME | GILLIAM, JERY F | | 2.2 N | 2.2 NAME | | | | | | i |
| STREET ADDRESS | NATIONSBANK TOWER, STE. 12 | 10-1 PROGRESS PL | 2.3 \$ | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | | 2.40 | ITY-S | T-ZIP | | | | | |
| TITLE - | Delete | | 3.1 ∏ | 3.1 TITLE | | | | | Change | Addition |
| NAME | HOWELL, WILLIAM H | | 3.2 N | 3.2 NAME | | | | | | 1 |
| STREET ADDRESS | ADDRESS NATIONSBANK TOWER, STE. 1210-1 PROGRESS PL | | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | | 3.4. C | 3.4. CITY+ST-ZIP | | | | | | |
| TITLE | ☐ DELETE | | 4.1 TI | 4.1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | 4.2 N | IAME | | | | | | |
| STREET ADORESS | - | | 4.3 S | TREET | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 ∏ | TLE | | | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 N | AME | | | | | | |
| STREET ADDRESS | | | 5.3 S | TREE | TADDRESS | | | | | |
| CITY-ST-ZIP | | | | ITY-S | T-ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 T | | | | | | ☐ Change | Addition |
| NAME | | • | 6.2 N | AME | | [| | | | |

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

May 04, 1999 8:00 am Secretary of State

05-04-1999 90095 020 ***150.00