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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTME STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065681 (4)

CLEARWATER DEPOT, INC.

Principal Place of Business

Mailing Address

FILED Jun 09 1997 8:00am Secretary of State



14480 - 62ND STREET NORTH CLEARWATER FL 34620		14480 - BEND STREET NORTH CLEARWATER FL 34820-2721					
,					Date Incorporated or Qualified 08/02/1996	3a, Date of Last I	Report
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	⊠ A	pplied For
21		26	26				lot Applicable
Suite, Apt.	#, Otc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campalgn Financing	\$5.00	May Be
23		28	···		Trust Fund Contribution	Added Added	to Fees
Zip	Country	Zip Co		У	B. This corporation has liability for intangible tax under s. 199.032,		s. 199.032,
24	25	29	30			Yes No	<u></u>
	g. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Re	gistered Agent	
	MAS, FRED A		81	Name			
	90 · 62ND STREET NORTH		82 Street Addre		ddress (P.O. Box Number is Not Acceptab	ile)	
CLE	ARWATER FL 34820		83				
•			0.	1			
			84	City		FL 85 Zip	Code
11. Pursuant to office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was a gations of, Section 607.0505, Fla	es, the abor authorized b orida Statute	re-named c by the corpo	orporation submits this statement for the poration's board of directors. I hereby accep		its registered s registered
SIGNATURE							
	Signature, typed or printed name of registered ac			jent signature re	equired when reinstating)	DATE	
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE D/P	ERS AND DIRECTO	HS IN 12 Addition
TITLE	D THOMAS, FRED A	F"1 DECEIE	1.1 TOLE		U/P	M Change	Monition
NAME	14480 - 62ND STREET NORT	ru	1.2 NAME	1 ADDRESS			
STREET ADDRESS	CLEARWATER FL 34620	111					
CITY-ST-ZIP TITLE	OCCIONALENTE OFFICE	DELETE	1.4 CITY - 2.1 TITLE	51. ZIF	S	Change	Addition
NAME			2.2 NAME		Judith A. Gras		AX
STREET ADDRESS				T ADDRESS	14480 N. 62nd Street		
CITY-ST-ZIP			2. 4 CITY		Clearwater, FL 34620		
TITLE		DELETE	3.1 TITLE	01 211	OLEGIMOREI TE DADEO	☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 \$1REE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	S1 - Z(P			
TITLE		DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 C(1Y-	S1 - ZIP			
TITLE		☐ DELETE	6.1 TITLE	T		☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 Address			
CITY-ST-ZIP			6.4 CITY-	ST - ZIP			

I do 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 eath; 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.