## 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 # P96000065681 (4)

CLEARWATER DEPOT, INC.

## **FILED** May 18 1998 8:00am Secretary of State



<b>5</b> 2-2-101-1	(D)	And Address	<b>-</b>							
Principal Place of Business Mailing Address										
14460 - 62ND STREET NORTH CLEARWATER FL 34620		CLEARWATER FL 34620	14480 - 62ND STREET NORTH CLEARWATER FL 34620			DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualified 08/02/1996				
2. Principal Pl	ace of Business	2a. Mailing Address			4. F	El Number		A	pplied For	]
21		26				59-3406098	<u>-</u>		ot Applicable	↲
Sulte, Apt. :		Suite, Apt. #, etc.	27			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	28 Zip	T Cai	intry		Trust Fund Contribution	<u> </u>			-
<b>24</b>		29 33758	30	// ICI y	B	This corporation owes or has p Personal Property Tax due Jun	_		tangible ] No	
20,00	9. Name and Address of Cur		130			Name and Address of New R		<u> </u>		┨
	OMAS, FRED A			81 Name	Kar	ren S. McLead				
	180 - 62ND STREET NORTH			82 Street	Address (P.O. Box Number is Not Acceptable) 14480 62nd Street North					
CLE	EARWATER FL 34620			83	177	ioo ozija street r	IOI LII	-		┨
								-,		
				84 City	Cle	earwater,	FL		Code 760	
11. Pursuant t	o the provisions of Sections 607.	0502 and 607.1508, Florida Statu	tes the a	bove-name	corporation	submits this statement for the	purpose of	changing it	ts registered	1
agent. I ar	ogistered agent, or both, in the Si m familiar with, and accout the oil	tate of Florida, Such ch <mark>ange was</mark> bligations of, Section 607.0505, Fl	autnorize orida Sta	a by the co: lutes.	rporation's bo	pard of directors. I hereby acce	ept the appo	antment as	registered	
SIGNATURE	Karen A. The				had	assel	22.	1998		
· · · · · · · · · · · · · · · · · · ·	Signature: Typed or profess range of registere			d Agent signatu	ad re required when re		DATE			J,
12.	OFFICERS DP	AND DIRECTORS  DELETE	13.		A[	ODITIONS/CHANGES TO OFFI		DIRECTOR Change	RS IN 12 Addition	-18
TITLE	THOMAS, FRED A	בן טנגנונ	1.1 70					Change	Abgillon	13
NAME CTOSET ADDOSES	14480 - 62ND STREET N	ODTH	1.2 N		1					18
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CITY-SY-ZIP TITLE	\$	X) DELETE	2.1 11	TY-ST-ZIP	<del></del> -		·· <del>·····</del>	Change	Addition	18
NAME	GRAS, JUDITH A	Ed Paters	22 N							
STREET ADDRESS	14480 N 62ND ST			REET ADDRESS	1					ĺ
CITY-ST-ZIP	CLEARWATER FL		1	HY-SI-ZIP						
TITLE		DELETE	3 1 TI		S			Change	X Addition	1
NAME			3.2 N	AME	Karen	S. McLead			••	1
STREET ADDRESS			3.3 S1	REET ADDRESS		62nd Street Nor	th			İ
CITY-ST-ZIP			3.4 C	ITY-ST-ZIP	1	water, FL 3376	_			
TITLE		☐ DELETE	4 1 TI	TLF	VP			Change	Addition	1
NAME			4, 2 N	AME	7	. Thomas			••	Ĺ
STREET ADDRESS			4.3 ST	ree1 address			h			
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP	Clearw	62nd Street Nort				
TITLE		DELETE	5.1 TI	TLE	T			Change	<b>X</b> Addition	
NAME [			5.2 N/	<b>AME</b>		P. Eisch				
STREET ADDRESS			5.3 S1	REET ADDRESS	14480	62nd Street North	h			1
CITY-ST-ZIP				TY-ST-ZIP	<u> Clearwa</u>	ater, FL 33760				1
TITLE		☐ DELETE	6.1 71					Change		
NAME [			6.2 N							
STREET ADDRESS				REET ADDRESS						1
CITY-ST-ZIP	artification the intermedian	of man, this films, stars and all 197. f		TY-ST-ZIP	and in Cootin	410 07/2)(i) Fig. (2+ 0+++	1 de carbo e e e	difer the extent	Inform eller	4
14, I nereby o	erniy mai me imomation suppliei	d with this filing does not qualify f	or rue exe	imption stat	ed in Section	TIBLUT(3)(I), FIOTIDA STATUTES.	ijuriner cer	my mat the	intormation	1

14. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplied entental 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 of fuster 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:

Karen S. McLead - Secretary (813) 531-8913