

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90013 009 ***150.00

DOCUMENT # P97000001080

1. Corporation Name

CLEARWATER PARASAIL, INC.

Principal Place of Business

601 S GULFVIEW BLVD
CLEARWATER BEACH FL 34630
US

Mailing Address

115 B 15TH AVENUE
INDIAN ROCKS BEACH FL 33785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1996

4. FEI Number

59-3423239

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 203 15TH AVE

Suite, Apt. #, etc.

27 INDIAN ROCKS Bch FL

City & State

28 INDIAN ROCK Bch FL

Zip

29 33785

Country

30 P. NELLAS

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

CONATSER, CLIFTON
115-B 15TH AVENUE
INDIAN ROCKS BEACH FL 33785

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GRADY, HUGH
STREET ADDRESS P.O. BOX 49
CITY-ST-ZIP CHASE MILLS NY 13621

TITLE D ☒ DELETE

NAME CONATSER, CLIFTON
STREET ADDRESS 115-B 15TH AVE
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE D ☒ DELETE

NAME CONATSER, KAREN
STREET ADDRESS 115-B 15TH AVE
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME CONATSER, CLIFTON
2.3 STREET ADDRESS 203 15TH AVE
2.4 CITY-ST-ZIP INDIAN ROCKS Bch FL 33785

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME CONATSER, KAREN
3.3 STREET ADDRESS 203 15TH AVE
3.4 CITY-ST-ZIP INDIAN ROCKS Bch FL 33785

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

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.

SIGNATURE:

Clifton Conatser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Date

Daytime Phone #

727-441-1404

CR2E034 (11/98)

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