

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90002 031 ***550.00

DOCUMENT # **P97000020412**

Corporation Name
MACE-KINGSLEY CLEARWATER, INC.

615032 - 90002 - 31



Principal Place of Business
**4 SMALLWOOD CIRCLE
CLEARWATER FL 34615**

Mailing Address
**1524 SMALLWOOD CIRCLE
CLEARWATER FL 34615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/05/1997	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KINGSLEY, CAROL 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	
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	

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P	KINGSLEY, CAROL 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	1.1 TITLE	
		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
V	SMITH, GREG 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T	CARLEY, DEVIN 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	3.2 NAME	JOHONNESSON, SEAN
		3.3 STREET ADDRESS	1524 SMALLWOOD CIRCLE
		3.4 CITY-ST-ZIP	CLEARWATER, FL 34615
S	JOHONNESSON, LISA 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
C	AVRIN, JEFF 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	FOSTER, KARYN 1524 SMALLWOOD CIRCLE CLEARWATER FL 34615	6.2 NAME	D RICH, ARLENE
		6.3 STREET ADDRESS	1524 SMALLWOOD CIRCLE
		6.4 CITY-ST-ZIP	CLEARWATER, FL 34615

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:

SIGNATURE REQUIRED

CR2E034 (5/99)