

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90103 002 ***150.00

DOCUMENT # P98000089082

1. Corporation Name
CLEAR CHOICE MARKETING, INC.

Principal Place of Business
622 LEMONWOOD DRIVE
OLDSMAR FL 34677

Mailing Address
622 LEMONWOOD DRIVE
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/15/1998

4. FEI Number
59 3537 301

Applied For
Not Applicable

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

2. Principal Place of Business
21 20505 US Highway 19 N
Suite, Apt. #, etc.
22 # 333

2a. Mailing Address
26 20505 US Highway 19 N
Suite, Apt. #, etc.
27 # 333

City & State
23 CLW FL

City & State
28 Clearwater FL

Zip
24 33764

Country
25 USA

29 33764

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STACY, ELIZABETH A
622 LEMONWOOD DRIVE
OLDSMAR FL 34677

81 Name Elizabeth A Stacy
82 Street Address (P.O. Box Number is Not Acceptable)
622 Lemonwood Dr
83
84 City Oldsmar FL 85 Zip Code 34677

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-20-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Elizabeth Stacy
STREET ADDRESS 622 Lemonwood Dr
CITY-ST-ZIP Oldsmar FL 34677

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE Vice President
NAME Jeffrey Stacy
STREET ADDRESS 622 Lemonwood Dr
CITY-ST-ZIP Oldsmar FL 34677

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE Secretary
NAME Elizabeth Stacy
STREET ADDRESS 622 Lemonwood Dr
CITY-ST-ZIP Oldsmar FL 34677

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Treasurer
NAME Elizabeth Stacy
STREET ADDRESS 622 Lemonwood Dr
CITY-ST-ZIP Oldsmar FL 34677

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/99 727 669 5597

CR2E034 (11/98)