FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S04890** **(7)**

1. Corporation Name

SATURN OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
2339 GULF-TO-BAY BLVD CLEARWATER FL 34625	2339 GULF-TO-BAY BLVD CLEARWATER FL 34625

3. Date Incorporated or Qualified: **10/04/1990**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-3030177** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has locality for intangible tax under s. 193.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MC FARLAND, DONALD
311 SOUTH MISSOURI AVENUE
CLEARWATER 34616

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 Section 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	LOKEY, PAUL B.	NAME	
STREET ADDRESS	831 BAY ESPLANADE	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	FLAWS, JR., MAGNUS	NAME	
STREET ADDRESS	SUITE 2550 BARNET SESAME	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	MC FARLAND, DONALD	NAME	
STREET ADDRESS	322 SOUTH MISSOURI AVE.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added, above.

SIGNATURE: _____ PAUL B. LOKEY 2/19/96 813-726-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)