

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
\*AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0124880

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **S04890**

(7)

1. Corporation Name  
**SATURN OF CLEARWATER, INC.**

**FILED**

98 JUL 24 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**2339 GULF-TO-BAY BLVD.**  
**CLEARWATER FL 34625**

Mailing Address  
**2339 GULF-TO-BAY BLVD.**  
**CLEARWATER FL 34625**

**2336 Gulf-to-Bay Blvd.**  
**Clearwater, FL 33765**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**10/04/1990**

4. FEI Number  
**59-3030177**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P (Change of address)</b>
NAME	<b>LOKEY, PAUL B.</b>	1.2 NAME	<b>Lokey, Paul B.</b>
STREET ADDRESS	<b>831 DAY ESPLANADE</b>	1.3 STREET ADDRESS	<b>2339 Gulf-to-Bay Blvd.</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 33765</b>
TITLE	<b>D</b>	2.1 TITLE	<b>700002600637--2</b>
NAME	<b>FLAWS, JR., MAGNUS</b>	2.2 NAME	<b>-07/28/98--01073--006</b>
STREET ADDRESS	<b>SUITE 2550 BARNET SESAME</b>	2.3 STREET ADDRESS	<b>***1100.00 ***550.00</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<b>700002600637--2</b>
NAME	<b>MC FARLAND, DONALD</b>	3.2 NAME	<b>-07/28/98--01073--007</b>
STREET ADDRESS	<b>322 SOUTH MISSOURI AVE.</b>	3.3 STREET ADDRESS	<b>*****26.25 *****8.75</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE **PAUL B. LOKEY** 7/24/98 727-799-2151

CR2E034 (5/98)