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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:10

DOCUMENT # S37183

(8)

1. Corporation Name

CLEWISTON INDUSTRIES, INC.

Principal Place of Business

RT 2 BOX 199, HWY 27
CLEWISTON FL 33440

Mailing Address

RT 2 BOX 199, HWY 27
CLEWISTON FL 33440

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/12/1991

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21

2a. Mailing Address

25

4. FEI Number

65-0247496

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PALADIN, JOSEPH
RT 2 BOX 199, HWY 27
CLEWISTON FL 33440

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PALADIN, JOSEPH
STREET ADDRESS RT 2 BOX 199, HWY 27
CITY-ST-ZIP CLEWISTON FL

TITLE STD
NAME BILLINGTON, BARRY P
STREET ADDRESS 876 NW 6TH AVE
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1st VP ☐ Change ☒ Addition
12 NAME PALADIN, MICHELE
13 STREET ADDRESS RT 2, BOX 199, HWY 27
14 CITY-ST-ZIP CLEWISTON, FL 33440

21 TITLE 2ND VP ☐ Change ☒ Addition
22 NAME PALLADINO, DAVID
23 STREET ADDRESS RT 2, BOX 199, HWY 27
24 CITY-ST-ZIP CLEWISTON, FL 33440

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY P. Billington S/T.

Date

1-30-95 (305) 943-7200