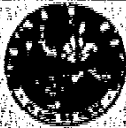


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 2:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V28200

(6)

1. Corporation Name

A.K.S. OF CLEARWATER, INC.

Principal Place of Business

**14001 63RD WAY
CLEARWATER, FL 34620**

Mailing Address

**14001 63RD WAY
CLEARWATER, FL 34620**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1992

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-3121209

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 liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

23

City & State

City & State

24

Zip

Country

25

Zip

Country

29

Zip

Country

30

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAELS, THOMAS O.
1370 PINEHURST ROAD
DUNEDIN, FL 34698**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	STOVER, MICHAEL J.
STREET ADDRESS	2175 CHAPPARRAL WAY
CITY - ST - ZIP	DUNEDIN FL
TITLE	DT
NAME	KANE, JOHN E.
STREET ADDRESS	2784 WESTCHESTER DRIVE N
CITY - ST - ZIP	CLEARWATER FL
TITLE	DVS
NAME	SMOLINSKY, JOHN S.
STREET ADDRESS	2079 ARMONK DR.
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	DOUGLAS, JOHN
STREET ADDRESS	420 TIMBER LANE
CITY - ST - ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 amendment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

X813538 4704