

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # L38900

(1)

1. Corporation Name

CLAYTON CONSULTING CO.



Principal Place of Business

Mailing Address

1040 BAYVIEW DR.
SUITE 605
FT. LAUDERDALE FL 33304

1040 BAYVIEW DR.
SUITE 605
FT. LAUDERDALE FL 33304

2. Principal Place of Business

21 33 N.E. 2nd Street

Suite, Apt. #, etc.
22 Suite 200

City & State
23 Ft. Lauderdale, FL

Zip
24 33301

Country
25 Broward

2a. Mailing Address

26 33 N.E. 2nd Street

Suite, Apt. #, etc.
27 Suite 200

City & State
28 Ft. Lauderdale, FL

Zip
29 33301

Country
30 Broward

3. Date Incorporated or Qualified

12/28/1989

3a. Date of Last Report

05/23/1995

4. FEI Number

65-0165807

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEESON, J.M., JR.
2881 N.E. 26TH PLACE
FT. LAUDERDALE FL 33304

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 PD ☐ DELETE
NAME BEESON JR., J. M.
STREET ADDRESS 2881 N.E. 26TH PLACE
CITY-ST-ZIP FT. LAUDERDALE FL 33306

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

TITLE STD ☐ DELETE
NAME BEESON, M. C.
STREET ADDRESS 2881 N.E. 26TH PLACE
CITY-ST-ZIP FT. LAUDERDALE FL

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

TITLE D ☐ DELETE
NAME BEESON, J. BLAKE
STREET ADDRESS 2070 N.E. 63RD STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33306

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

TITLE AS ☐ DELETE
NAME SCOTT, SEGRAVES J.
STREET ADDRESS 4001 N.E. 16TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL 33334

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME A/S Segraves, Scott J.
4.3 STREET ADDRESS 2881 N.E. 26th Place
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33306

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 registered agent 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

James M. Beeson, Jr.

4/29/96

Date

954/467-9950

Telephone Number

CR2E034 (12/95)