

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 13 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000064128 (8)**  
1. Corporation Name  
**CLAYVIS CORPORATION**



Principal Place of Business  
**12222 BRECKENRIDGE CT.  
~~400 COLONY SQUARE, STE. 200~~  
JACKSONVILLE FL 32223  
US**

Mailing Address  
**12222 BRECKENRIDGE CT  
~~400 COLONY SQUARE, STE. 200~~  
JACKSONVILLE FL 32223-2085  
US**

2. Principal Place of Business  
21 **12222 Breckenridge Ct.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Jacksonville, FL**  
Zip  
24 **32223** Country  
25 **USA**

2a. Mailing Address  
26 **12222 Breckensridge Ct**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Jacksonville, FL**  
Zip  
29 **32223** Country  
30 **USA**

3. Date Incorporated or Qualified  
**08/15/1995**

3a. Date of Last Report  
**05/01/1996**

4. FCI Number  
**58-2190428** 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  
**VISMAN, LINDA W  
12222 BRECKENRIDGE CT.  
JACKSONVILLE FL 32223**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

10. Name and Address of New Registered Agent

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's signature required when re-instating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	<b>D VISMAN, LINDA W</b>	<input type="checkbox"/> DELETE	
STREET ADDRESS	<b>12222 BRECKENRIDGE CT. JACKSONVILLE FL 32223</b>		
CITY-ST-ZIP			
	<b>CEO/D RICHARD A. VISMAN</b>	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	<b>12222 BRECKENRIDGE CT JACKSONVILLE FL</b>		
CITY-ST-ZIP			
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

21 TITLE	<b>CEO, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>VISMAN, RICHARDA</b>	
23 STREET ADDRESS	<b>12222 BRECKENRIDGE CT.</b>	
24 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32223</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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 *[Signature]* **4-26-97 081-262-9127**

CR2E034 (9/96)