

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90138 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000064128

1. Corporation Name
CLAYVIS ONLINE MARKETING, INC.

Principal Place of Business 12222 BRECKENRIDGE CT. JACKSONVILLE FL 32223 US	Mailing Address 12222 BRECKENRIDGE CT JACKSONVILLE FL 32223 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12760 Burning Tree LN W Suite, Apt. #, etc.	2a. Mailing Address 26 12760 Burning Tree LN W Suite, Apt. #, etc.
22 City & State 23 Jacksonville FL	27 City & State 28 Jacksonville FL 32223
24 32223 25 Duval	29 32223 30 Duval

3. Date Incorporated or Qualified 08/15/1995	4. FEI Number 58-2190428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

VISMAN, LINDA W
12222 BRECKENRIDGE CT.
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
12760 Burning Tree LN W

83

84 City **Jacksonville** FL 85 Zip Code **32223**

11. Pursuant to the provisions of Sections 607.0505 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: **Linda W. Visman** **Linda W. Visman** **4-24-99**
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	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	D VISMAN, LINDA W 12222 BRECKENRIDGE CT. JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12760 Burning Tree LN W Jacksonville FL 32223
<input type="checkbox"/> DELETE	CEO VISMAN, RICHARD A 12222 BRECKENRIDGE CT JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12760 Burning Tree LN W Jacksonville FL 32223
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, with all other like empowered.

SIGNATURE: **RAV Visman** **4-24-99** **904-262-3477**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)