FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 303675 (3)

1. Corporation Name
CLAYTON FRANK, & SONS INC.

Principal Place of Business	Mailing Address
402 CYPRESS ST PO BOX 67 CRESCENT CITY FL 32112-7067	402 CYPRESS ST PO BOX 67 CRESCENT CITY FL 32112-7067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 04/01/1966
3a. Date of Last Report: 05/09/1994
4. FEI Number: 56-0884591 ☐ 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

FRANK, CLAYTON A.
33 S MAIN ST.
402 CYPRESS ST
CRESCENT CITY FL 32112

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 1 TITLE	PD	☒ Change ☐ Addition
NAME	FRANK,CLAYTON	1 2 NAME	Thomas H. Johnson	
STREET ADDRESS	W. CYPRESS STREET	1 3 STREET ADDRESS	691 Tekulve Road	
CITY ST ZIP	CRESCENT CITY FL	1 4 CITY ST ZIP	Batesville, IN 47006	
TITLE	V	2 1 TITLE	VP, S, T	☒ Change ☐ Addition
NAME	MCINTYRE, LELIA F	2 2 NAME	Bernhard L. Gaarsoe	
STREET ADDRESS	PO BOX 652	2 3 STREET ADDRESS	691 Tekulve Road	
CITY ST ZIP	CRESCENT CITY FL	2 4 CITY ST ZIP	Batesville, IN 47006	
TITLE	T	3 1 TITLE	VP	☒ Change ☐ Addition
NAME	FRANK, CLAYTON	3 2 NAME	Robert G. Horn	
STREET ADDRESS	W. CYPRESS STREET	3 3 STREET ADDRESS	691 Tekulve Road	
CITY ST ZIP	CRESCENT CITY FL	3 4 CITY ST ZIP	Batesville, IN 47006	
TITLE	S	4 1 TITLE	VP	☒ Change ☐ Addition
NAME	FRANK, SHIRLEY C.	4 2 NAME	William B. Cutter	
STREET ADDRESS	33 S MAIN ST.	4 3 STREET ADDRESS	691 Tekulve Road	
CITY ST ZIP	CRESCENT CITY FL	4 4 CITY ST ZIP	Batesville, IN 47006	
TITLE		5 1 TITLE	VP	☐ Change ☒ Addition
NAME		5 2 NAME	Steven A. Tidwell	
STREET ADDRESS		5 3 STREET ADDRESS	691 Tekulve Road	
CITY ST ZIP		5 4 CITY ST ZIP	Batesville, IN 47006	
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		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 or on an attachment with an address.

SIGNATURE: Bernhard L. Gaarsoe, Vice President 4/12/95 (812)933-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0402781 FP