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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:37

DOCUMENT # 189725 (5)

1. Corporation Name
JOE B. KLAY & SONS INCORPORATED

Principal Place of Business
JOE M KLAY
~~202 S. ROME AVENUE~~
~~TAMPA FL 33606~~

Mailing Address
JOE M KLAY
~~202 S. ROME AVENUE~~
~~TAMPA FL 33606~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1956
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-0864263 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 JOE M. KLAY
Suite, Apt. #, etc.
22 24 HAMILTON HEATH DR.
City & State
23 TAMPA FL
Zip 24 33604 Country 25 USA

2a. Mailing Address
26 JOE M. KLAY
Suite, Apt. #, etc.
27 24 HAMILTON HEATH DR.
City & State
28 TAMPA FL
Zip 29 33604 Country 30 USA

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
KLAY, JOE M.
~~202 S. ROME AVE.~~
~~TAMPA FL 33606~~

10. Name and Address of New Registered Agent
81 Name: JOE M. KLAY
82 Street Address (P.O. Box Number is Not Acceptable): 24 HAMILTON HEATH DRIVE
83
84 City: TAMPA FL 85 Zip Code: 33604

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 X [signature] (NOTE: Registered Agent signature required when reinstating) 4/5/95 DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLAY, ALAN
STREET ADDRESS	202 S. ROME AVE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	CLARK, JOANN KLAY
STREET ADDRESS	202 S. ROME AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	PD
NAME	KLAY, JOE M
STREET ADDRESS	202 S. ROME AVENUE
CITY-ST-ZIP	TAMPA FL
TITLE	T
NAME	KLAY, ALLISON L
STREET ADDRESS	6002 BRANCH ST
CITY-ST-ZIP	TAMPA FL
TITLE	~~V~~
NAME	~~BALLARD, JERRY~~
STREET ADDRESS	~~RT 2 BOX 348~~
CITY-ST-ZIP	~~DOVER FL~~
TITLE	~~S~~
NAME	~~STERGOS, CAROL~~
STREET ADDRESS	~~% 202 S. ROME AVENUE~~
CITY-ST-ZIP	~~TAMPA FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	ST	☒ Change ☐ Addition
4 2 NAME	KLAY, ALLISON L	
4 3 STREET ADDRESS	6002 BRANCH ST.	
4 4 CITY-ST-ZIP	TAMPA FL	
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 the 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] 4/5/95 813-253-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0201770 CP