

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90262 030 \*\*\*150.00

DOCUMENT # 268739

1. Corporation Name

CLIFTON ENTERPRISES OF BREVARD COUNTY, INC.

Principal Place of Business

2845 S R 520  
SUITE 307  
COCOA FL 32926  
US

Mailing Address

2845 SR 520  
SUITE 307  
COCOA FL 32926  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1963

4. FEI Number

59-1004123

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CLIFTON, B C  
2845 W KING ST #307  
ROCKLEDGE FL 32926

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CLIFTON, ROBERT  
STREET ADDRESS ~~2990 S FISKE BLVD~~  
CITY-ST-ZIP ~~ROCKLEDGE FL 32955~~

☐ DELETE

TITLE ST  
NAME CLIFTON, MARK  
STREET ADDRESS 843 HERON RD.  
CITY-ST-ZIP COCOA FL

☐ DELETE

TITLE VP  
NAME CLIFTON, KAROL  
STREET ADDRESS ~~2990 S FISKE BLVD~~  
CITY-ST-ZIP ~~ROCKLEDGE FL~~

☐ DELETE

TITLE VP  
NAME NANCY D KING  
STREET ADDRESS 815 COX RD  
CITY-ST-ZIP COCOA FL 32926

☒ DELETE

TITLE VP  
NAME JAMES JORGENSEN  
STREET ADDRESS 1455 QUINCE AVE  
CITY-ST-ZIP MERRITT ISLAND FL 32952

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Clifton, Robert  
1.3 STREET ADDRESS 102 Riverside Drive, #706  
1.4 CITY-ST-ZIP Cocoa, FL 32922

☒ Change

☐ Addition

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

☐ Change

☐ Addition

3.1 TITLE VP  
3.2 NAME Clifton, Karol  
3.3 STREET ADDRESS 102 Riverside Drive, #706  
3.4 CITY-ST-ZIP Cocoa, FL 32922

☒ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Clifton, Pres.

Date

1-27-99

Daytime Phone #

(407) 636-2848

CR2E034 (11/98)