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 PM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 303675 (3)

1. Corporation Name

CLAYTON FRANK, & SONS INC.

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

Mailing Address
402 CYPRESS ST
PO BOX 67
CRESCENT CITY FL 32112-7067

DO NOT WRITE IN THIS SPACE

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	

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

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 ______ 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	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 if changed, 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