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FILED
May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32112-0067

3. Date Incorporated or Qualified

04/01/1966

3a. Date of Last Report

07/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME PD
JOHNSON, THOMAS H.
STREET ADDRESS 691 TEKULVE ROAD
CITY-ST-ZIP BATESVILLE IN

1.2 TITLE ☒ DELETE

NAME VPST
GAARSOE, BERNHARD L.
STREET ADDRESS 691 TEKULVE ROAD
CITY-ST-ZIP BATESVILLE IN

1.3 TITLE ☒ DELETE

NAME VP
HORN, ROBERT G.
STREET ADDRESS 691 TEKULVE ROAD
CITY-ST-ZIP BATESVILLE IN

1.4 TITLE ☒ DELETE

NAME VP
CUTTER, WILLIAM B.
STREET ADDRESS 691 TEKULVE ROAD
CITY-ST-ZIP BATESVILLE FL

1.5 TITLE ☒ DELETE

NAME VP
TIDWELL, STEVEN A.
STREET ADDRESS 691 TEKULVE ROAD
CITY-ST-ZIP BATESVILLE IN

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME PD
GARY WRIGHT
1.2 STREET ADDRESS 3940 OLYMPIC BLVD, SUITE 300
1.3 CITY-ST-ZIP ERLANGER, KY 41018

2.1 TITLE ☒ Change ☐ Addition

NAME ST
MYLES CAIRNS
2.2 STREET ADDRESS 3940 OLYMPIC BLVD., SUITE 300
2.3 CITY-ST-ZIP ERLANGER, KY 41018

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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6/20/97

14. I do 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.

SIGNATURE

Myles Cairns

MYLES CAIRNS

(606)746-6801

CR2E034 (9/96)