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Jan 17 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 # 308762 (4)

1. Corporation Name
GEORGE F. CLEGG, INC.

Principal Place of Business

ROUTE 1 BOX 197
SR 305
BUNNELL FL 32110

Mailing Address

ROUTE 1 BOX 197
SR 305
BUNNELL FL 32110-9801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/01/1966		03/14/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1151514		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CLEGG, GEORGE F
RT 1 BOX 197
SR 305
BUNNELL FL 32010

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 _____
(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	
NAME	CLEGG, GEORGE F.	1.2 NAME	
STREET ADDRESS	RTE 1, BOX 197, S.R.30-5	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	CLEGG, KATHLEEN A.	2.2 NAME	
STREET ADDRESS	RTE 1 BOX 197 SR 305	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	RICE, SUSAN H.	3.2 NAME	
STREET ADDRESS	698 N. PEACH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *George F. Clegg - George F. Clegg*

01-09-97

904-437-3359

CR2E034 (9/96)