

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 415720 (2)

1. Corporation Name

CLAY UTILITY COMPANY



Principal Place of Business

1408 NORTH WESTSHORE
SUITE 908
TAMPA FL 33607
US

Mailing Address

1408 N. WESTSHORE
SUITE 908
TAMPA FL 33607
US

3. Date Incorporated or Qualified
12/29/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-1515468

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

10. Name and Address of New Registered Agent

STORY, STEPHEN F.
1408 NORTH WESTSHORE BOULEVARD
SUITE 908
TAMPA FL 33607

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, or both, if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GOODELL, THOMAS W.	
STREET ADDRESS	7198 BENEVA ROAD	
CITY, ST, ZIP	SARASOTA FL	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	CAPPELLO, VALARIE G.	
STREET ADDRESS	1408 N. WESTSHORE, #908	
CITY, ST, ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, MARK	
STREET ADDRESS	7184 BENEVA ROAD	
CITY, ST, ZIP	SARASOTA FL	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	GOODELL, THOMAS W.	
STREET ADDRESS	7198 BENEVA ROAD	
CITY, ST, ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Goodell, Thomas W.	
1.3 STREET ADDRESS	7198 Beneva Road	
1.4 CITY-ST-ZIP	Sarasota, FL	
2.1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Story, Stephen F.	
2.3 STREET ADDRESS	1408 N. Westshore Blvd., #908	
2.4 CITY-ST-ZIP	Tampa, FL	
3.1 TITLE	TAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cassidy, Eugene F.	
3.3 STREET ADDRESS	1408 N. Westshore Blvd., #908	
3.4 CITY-ST-ZIP	Tampa, FL	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tramontano, Lillian	
4.3 STREET ADDRESS	1408 N. Westshore Blvd., #908	
4.4 CITY-ST-ZIP	Tampa, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

813-287-0023

Daytime Phone #

CR2E034 (12/95)