

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 464276 (5)

1. Corporation Name

CLEMONS, RUTHERFORD AND ASSOCIATES, INC.



Principal Place of Business

2027 THOMASVILLE ROAD
PO BOX 13739
TALLAHASSEE FL 32317-0739

Mailing Address

2027 THOMASVILLE ROAD
PO BOX 13739
TALLAHASSEE FL 32317-0739

3. Date Incorporated or Qualified

10/29/1974

3a. Date of Last Report

04/19/1995

4. FEI Number

59-1566490

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

2a. Mailing Address

21 Subj., Apt., Fl., etc.

26 Subj., Apt., Fl., etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMONS, JOSEPH
3015 MIDDLEBROOK CIRCLE
TALLAHASSEE FL 32312

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 officer 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 I accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

(Signature of person who is authorized to sign on behalf of the corporation)

(Signature of Registered Agent or person who is authorized to sign on behalf of the corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I 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 the 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 custodian empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of officer or director is being reported.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

904-380-6113

CR2E034 (12/95)