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 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 667952 (6)

1. Corporation Name
CLAY OIL CORPORATION

Principal Place of Business	Mailing Address
42 SLEEP HOLLOW RD P. O. BOX 8 DOCTOR'S INLET FL 32030	42 SLEEP HOLLOW RD P. O. BOX 8 DOCTOR'S INLET FL 32030

3. Date Incorporated or Qualified: 04/21/1980
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1995103 — 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

RIZK, ROGER
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: M. RICHARD LEWIS JR.
82 Street Address (P.O. Box Number is Not Acceptable): 225 WATER ST.
83 SUITE 1800
84 City: JACKSONVILLE FL 85 Zip Code: 32201

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: M. Richard Lewis Jr. — 4-28-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1 TITLE	☐ Change ☐ Addition
NAME	ASHBY, GEORGE H	1 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	1 STREET ADDRESS	
CITY-ST-ZIP	DOCTORS INLET FL	1 CITY-ST-ZIP	
TITLE	P	2 TITLE	☐ Change ☐ Addition
NAME	ASHBY, GEORGE H. JR.	2 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	2 STREET ADDRESS	
CITY-ST-ZIP	DOCTORS INLET FL	2 CITY-ST-ZIP	
TITLE	VST	3 TITLE	☐ Change ☐ Addition
NAME	EYRICK, PETER T.	3 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD.	3 STREET ADDRESS	
CITY-ST-ZIP	DOCTORS INLET FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: PETER T. EYRICK — 4-25-95 — 904 272 9548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0400734 FP