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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 667952

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/21/1980

4. FEI Number: 59-1995103 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

LEWIN, M. RICHARD JR.
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent

81 Name: Smith Hulsey & Busey
82 Street Address (P.O. Box Number is Not Acceptable): 225 Water Street, Suite 1800
83:
84 City: Jacksonville **FL** 85 Zip Code: 32202

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 By: Smith Hulsey & Busey, M. Richard Lewis, Jr., Vice-President — DATE March 19, 1999

Signature, Mand or Printed Name of Registered Agent and title if applicable (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ASHBY, GEORGE H. JR.		1.2 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	DOCTORS INLET FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EYRICK, PETER T.		2.2 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DOCTORS INLET FL		2.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GAINEY, TONI		3.2 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DOCTORS INLET FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KOSCIANSKI, MARILYN		4.2 NAME	
STREET ADDRESS	42 SLEEPY HOLLOW RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	DOCTORS INLET FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)