

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 711875 (5)

1. Corporation Name

CLAY COUNTY SHERIFF'S RESERVES, INC.



Principal Place of Business Mailing Address
901 ORANGE AVENUE/P O BOX 548 901 ORANGE AVENUE/P O BOX 548
GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 12/01/1966 3a. Date of Last Report 03/20/1995
4. FEI Number 59-6000555 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

LANCASTER, SCOTT L
901 N ORANGE AVE
GREEN COVE SPRINGS FL 32043

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Scott Lancaster Scott Lancaster 4/9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D BROWN, GEORGE A. DELETE
NAME 901 N ORANGE AVE
STREET ADDRESS GREEN COVE SPRINGS FL
CITY-ST-ZIP
TITLE TD ALMEIDA, SANDY DELETE
NAME 5480 JACKSON AVE
STREET ADDRESS ORANGE PARK FL
CITY-ST-ZIP
TITLE D BENNETT, DENNIS R x DELETE
NAME 483 ELSEY DR
STREET ADDRESS ORANGE PARK FL
CITY-ST-ZIP
TITLE D SKATTERY, TOM x DELETE
NAME 215 FOXTAIL AVE
STREET ADDRESS MIDDLEBURG FL
CITY-ST-ZIP
TITLE President DELETE
NAME Scott Lancaster
STREET ADDRESS 901 N Orange Ave
CITY-ST-ZIP Green Cove Springs FL 32043
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
1.1 TITLE D
1.2 NAME ALMEIDA, JACK
1.3 STREET ADDRESS 5480 Jackson Ave
1.4 CITY-ST-ZIP Orange Park, FL 32065
2.1 TITLE P
2.2 NAME Scott Lancaster
2.3 STREET ADDRESS 901 North Oranve Ave
2.4 CITY-ST-ZIP Green Cove Springs, FL 32043
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 700001838027
4.4 CITY-ST-ZIP -05/24/96--01025--018
5.1 TITLE ***61.25
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Scott Lancaster Scott Lancaster 4/9/96 904-284-7575
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)