

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:49

DOCUMENT # 713685 (6)

1. Corporation Name

CLAYTON PLAZA MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 470
BRANDON FL 33509-0470

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BRANDON FL 33509-0470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1967

3a. Date of Last Report

02/16/1994

4. FEI Number

59-3023167

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN SAVKO
503 W BRANDON BLVD
BRANDON FL 33511

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 and title if applicable.

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	RIEUSCHE, NANCY
STREET ADDRESS	559 W. BRANDON BLVD.
CITY - ST - ZIP	BRANDON, FL 00000
TITLE	D
NAME	ATKINSON, QUENTEN
STREET ADDRESS	501 W. BRANDON BLVD.
CITY - ST - ZIP	BRANDON, FL 00000
TITLE	VP
NAME	SCHURR, NORMA
STREET ADDRESS	509 W. BRANDON BLVD.
CITY - ST - ZIP	BRANDON, FL 00000
TITLE	PD
NAME	SAVKO, JOHN
STREET ADDRESS	503 W BRANDON BLVD
CITY - ST - ZIP	BRANDON, FL 00000
TITLE	D
NAME	STRUMPF, BRUCE F
STREET ADDRESS	2400 W BAY DR STE 422
CITY - ST - ZIP	LARGO, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D = Director	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Delete	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) (Name)