

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 12:20

DOCUMENT # 850511 (7)  
1. Corporation Name:  
CLAY COUNTY PORT, INC.

Principal Place of the records: 2000 W CLUB LN, STE A RICHMOND VA 23226  
Meeting Address: 2000 W CLUB LN, STE A RICHMOND VA 23226

DO NOT WRITE IN THIS SPACE

2. Principal Place of Incorporation		2a. Meeting Address		3. Date Prepared for Filing	3a. Date of Last Report
21		26		09/29/1981	03/14/1994
State, Apt #, etc.		State, Apt #, etc.		4. Fed Number	Applied For
22		27		62-1126614	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Total Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEWART, E.T. HWY 16 EAST GREEN COVE SPRINGS FL 32043				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of Sections 197.05(1) and 197.15(8), 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, Sections 197.05(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, GLENN R.	1.2 NAME	
STREET ADDRESS	2700 TUFTON AVENUE	1.3 STREET ADDRESS	
CITY, ST, ZIP	GLYNDON MD	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JOHN B	2.2 NAME	
STREET ADDRESS	13 E FRANKLIN ST	2.3 STREET ADDRESS	
CITY, ST, ZIP	RICHMOND VA	2.4 CITY, ST, ZIP	
TITLE	TAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BETTY W	3.2 NAME	
STREET ADDRESS	5913 MOSS CREEK ROAD	3.3 STREET ADDRESS	
CITY, ST, ZIP	MIDLOTHIAN VA	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 197.07(1)(b), 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, as provided in Article 12, Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of Chapter 197, Florida Statutes, and that my name is the name of the corporation as it appears on the record.

SIGNATURE: *Betty Williams* Asst. Secy. 2-7-95 804/288-0499