FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP • WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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	A20100				
CLAY INVESTMENT GROUP, LTD.			1 1001/2017 2018 2018 2018		
Mailing Address 555 WELLS RD.	Principal Office Address 555 WELLS RD.		3. Date Formed or Registers 09/05/1986	58. Capital Contributions as Shown on record.	
ORANGE PARK FL 32073	OHANGE PARK FL 320/3	ORANGE PARK FL 32073		5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Addre	ss	4. State or Country of Formal	tion to date:	
Suite, Apt. #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & Stale		Not Applicable ed \$8.75 Additional	
Zip Country	Zip	Zip Country		Fee Required Dept. of State (See reverse side for fee information)	
9. Name and Address of Cu	rrent Registered Agent	10. If changed, new Registered Agent/Office Name			
MARTIN, CARLYLE K. 1893 KINGSLEY AVE.	(2a)	Street Addr	Street Address (P.O. Box Number Is Not Acceptable)		
ORANGE PARK FL 32073	(5)		Suite, Apl. #, etc.		
		City		FL Zip Code	
SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER THA	AT IS A CORPORATIO	N, LIMITED		THER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post O		11b. City, State & Zip Code	11c. Registration/	
BOATRIGHT, RONALD O.	555 WELLS RD.		ORANGE PARK FL		
MARTIN, CARLYLE K.	1893 KINGSLEY A	1893 KINGSLEY AVE.			
1			-01	020613334 /17/3701018011 **576.25 *****576.25	
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Note: General partners MAY N	NOT be changed on this	form; an am	endment must be filed to	change a general partner.	
	e with Section 119.07(3)(k) in the event that my signature shall have the same legal effi-	at the information supp	elled is deemed exempt from public access oath. I further certify that I am a General Pa	 I further certify that the information indicated on artner of the limited partnership, receiver or truster 	
SIGNATURE Carly	KNOL		DA*	12-11-96 ner_504276-3535	
Typed or Printed Name of General Partner Signing Form	" CAPYLE K.M	moth _	Daytime Telephone Numb	er_704276-3535	