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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

G19539

(7)

1. Corporation Name CLAYTON & TEAL, P.A. Principal Place of Business Mailing Address # JAMES R. CLAYTON 114 W RICH AVENUE 114 W RICH AVENUE							
114 W RICH AVENUE DELAND FL 32720		DELAND FL 32720	JE	Date Incorporated or Qualified			
				01/20/1983	05	/01/19	995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number		\vdash	pplied For
1		26		59-2246175			lot Applicable
Suite, Apt. #.	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional lequired
City & State		City & State		6. Election Campaign Financing		\$5.00) May Be
3		28		Trust Fund Contribution			to Fees
Zip	Country	Ζ(ρ 1111	Country	8. This corporation has liability for i	intangible tax u □ No	inder s	199.032,
4	25 9. Name and Address of Currer	29 Agent	30	Florida Statutes Yes 10. Name and Address of New R		ent	
.,	3, Hame the Address of Other		81 Name	-92 (
CLAYTO	ON, JAMES R.		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
	RICH AVENUE		OI OR OUT AGO	17003 (1.10.1 BOX 10.1 BOX 10.		v	
DELAN	D FL 32720		83				
			84 City		FL '	85 Zip	Code
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or registere familiar with SIGNATURE	d agent, or both, in the State of Flori , and accept the obligations of, Sect guater, typed or pinted name of registered agent	ida. Such change was author tion 607.0505, Florida Statute t and the if a security. (f ID DIRECTORS	Zed by the corporation's boals. OTE: Registered Agent signature required. 13.	ard of directors. I hereby accept the app	DATE FICERS AND DI	RECTO	RS IN 12
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed are of an attachment with an address.

SIGNATURE:

2/21/96 90 Date Daytime F

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