FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 24 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G57916** **(0)**

1. Corporation Name
RAYMOND C. CLAY, JR., P.A.

Principal Place of Business	Mailing Address
4545 LASSASSIER ST PENSACOLA FL 32504	4545 LASSASSIER ST PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/01/1983**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business	2a. Mailing Address
21 2 N. Galvez Ct.	26 2 N. Galvez Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Gulf Breeze, Florida	City & State 28 Gulf Breeze, Florida
Zip / Country 24 32561 / 25	Zip / Country 29 32561 / 30

4. FEI Number: **59-2346797** ☐ 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
CLAY, RAYMOND C., JR., ESQ. 4545 LASSASSIER ST PENSACOLA FL 32504	81 Name: Raymond C. Clay, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 2 N. Galvez Ct. 83 84 City: Gulf Breeze FL 85 Zip Code: 32561

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: Raymond C. Clay 4/19/95
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	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	CLAY JR, RAYMOND C	12 NAME	Raymond C. Clay, Jr.
STREET ADDRESS	4545 LASSASSIER ST	13 STREET ADDRESS	2 N. Galvez Ct.
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Gulf Breeze, Florida 32561
TITLE	ST	21 TITLE	ST ☒ Change ☐ Addition
NAME	CLAY, MATTIE T.	22 NAME	Mattie T. Clay
STREET ADDRESS	4545 LASSASSIER ST	23 STREET ADDRESS	2 N. Galvez Ct.
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Gulf Breeze, Florida 32561
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond C. Clay 4/19/95 (904) 934-6504
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Raymond C. Clay, Jr./President

6067030 CP