

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G65690**

1. Corporation Name

**CLAUSCO, INC.**

Principal Place of Business

% JAMES R. CHANDLER, III  
~~5015 PONCE DE LEON BLVD #60~~  
CORAL GABLES FL 33146

Mailing Address

% JAMES R. CHANDLER, III  
~~5015 PONCE DE LEON BLVD #60~~  
CORAL GABLES FL 33146

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90004 035 \*\*\*188.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/04/1983**

4. FEI Number

**65-0151464**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **1834 Main Street**

Suite, Apt. #, etc.

22 **Sarasota FL**

City & State

23 **34236**

Zip

24 **USA**

Country

2a. Mailing Address

26 **1834 Main Street**

Suite, Apt. #, etc.

27 **Sarasota FL**

City & State

28 **34236**

Zip

29 **USA**

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHANDLER, JAMES R III

~~5015 PONCE DE LEON BLVD~~

~~SARASOTA FL 34236~~

~~CORAL GABLES FL 33146~~

**1834 Main St**  
**Sarasota FL**  
**34236**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE  
NAME **CHANDLER, JAMES R III**  
STREET ADDRESS **1834 Main St**  
CITY-ST-ZIP **Sarasota FL 34236**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

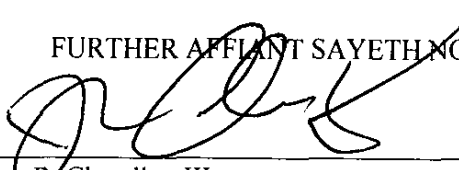
G65690  
599423-90004-35

### AFFIDAVIT

BEFORE ME, the undersigned authority personally appeared James R. Chandler, III who upon his oath deposes and says as follows:

1. He is a director and president of Clausco Inc. and in that capacity he is primarily responsible for receiving and processing and to the extent necessary paying all required fees, on behalf of the Company concerning miscellaneous government entities including the Florida Department of State.
2. In that capacity, he did not receive the first notification from the Florida Department of State of the requirement of a filing of an annual report for 1999. Such report would have originally been mailed to him. The mailing address for the corporation has changed, from 5915 Ponce De Leon Boulevard, Coral Gables, Florida 33146 to the new address of 1834 Main Street, Sarasota, Florida 34236; moreover, he has further been advised by his legal assistant, who would first be responsible for opening all mail received in such office, that she does not recall having received such initial report and her records reflect no receipt of the same.
3. This affidavit is made for the purpose of requesting the Florida Secretary of State to waive the late filing fee and to permit the limited liability company to file its annual report with only the ordinarily required filing fee of \$188.75.

FURTHER AFFIANT SAYETH NOT.

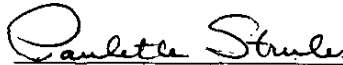
  
James R. Chandler, III

STATE OF FLORIDA

COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, this day personally appeared James R. Chandler, III, who is personally known to me, and who being first duly sworn, deposes and says that statements contained therein are true to the best of his/her knowledge and belief.

SWORN AND SUBSCRIBED to before me this 30 day of July, 1999.



NOTARY PUBLIC,  
STATE OF FLORIDA

My commission expires:

