Mailing Address

% W.A. MCARTHUR

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J44793 1. Corporat on Name

Principal Place of Business % W.A. MCAFTHUR

CLAY WADE, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90050 001 ***150.00



3. Date Incorporated or Dualfied 12/02/1986 12/02/1986 12/02/1986 12/02/1986 12/02/1986 14/02/1986 14/02/1986 15/02/1986	569 EDGEWOOD AVENUE SOUTH JACKSONVILLE FL 32205		569 EDGEWOOD AVENUE 'SOUTH JACKSONVILLE FL 32205			DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied F. Sp-27:S427 Next Applied F. Sp-27:S427 Next Applied F. Sp-27:S427 Next Applied F. Sp-27:S427 Next Applied F. Sp-27:S427 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificar of Status Desired \$8.75 A Addition Fee Required City & State 28 This carporation owns the current year is langitude of the Sp-27:S427 Sp-	JACKSONVICEC	1 L 32200	SHORDOWNELL TE SEEDS			3. Date Incorporated or Qualifed		
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City & State Ci	Suite, Ap., #, etc.					\$8.75 Additional		
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Zip		-	├ ┐ -					
22 25 29 30 30 Persont Property Tax. Yes No No No No No No No N				Country		8. This corporation owes the current year Intangible		
MCARTHUR, W.A. 569 EDGEWOOD AVENUE SOUTH JACKSONVILLE FL 32205 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Acceptable 84 City FL 85 Zip Co fe 86 City FL 86 Size Color of the provisions of Set tions 607,0502 and 507,1508, Florida Statutirs, the above-named cor ovation submits this statement for the purpose of changing its register 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 apprintment as registered signal, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutirs, the above-named cor ovation submits this statement for the purpose of changing its register of the corporation's board of directors. I hereby accept the apprintment as registered signal as the size is applicable. [NOTE Registered Agent supmariant required when repressioning). SIGNATURE SIGNATURE SIGNATURE 12. (IFFICERS AND DIRECTORS) 13. ADDITIO VS/CHANGES TO OFFICERS AND DIRECTORS; IN. TITLE PD MCARTHUR, W.A. STREET ADDRESS 569 EDGEWOOD AVENUE S. 1.5 STREET ADDRESS 569 EDGEWOOD AVENUE S. 2.2 STREET ADDRESS CITY-ST-ZP JACKSONVILLE FL DELETE 1.1 TITLE DELETE 1.2 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 4.1 TITLE DELETE 3.1 TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS 5.2 MIGHTINGALEK ROAD ACKSONVILLE FL DELETE 3.3 STREET ADDRESS 5.2 MIGHTINGALEK ROAD ACKSONVILLE FL DELETE 3.3 STREET ADDRESS 5.3 STREET ADDRE	24	25	29			Personal Property Tax.	<u> </u>	
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SERIET ADDRESS OTH'ST-ZP JACKSONVILLE FL 13. Pursuant to the provisions of Set tions 607,0502 and 607,1508. Florida Statuties, the above-named cor poration submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statuties. SIGNATURE Signature, hypeof or printed nam for registered agent and time if applicables. SIGNATURE Signature, hypeof or printed nam for registered agent and time if applicables. NOTE Registered Agent signature receive to when reinstaining) DATE 12. (IFFICERS AND DIRECTORS) Signature, hypeof or printed nam for registered agent and time if applicables. NOTE Registered Agent signature receive to when reinstaining) DATE 12. (IFFICERS AND DIRECTORS) MCARTHUR, W.A. SIRRETADORESS SOB EDGEWOOD AVENUE S. 1.3 STREET ADDRESS SOB EDGEWOOD AVENUE S. 1.3 STREET ADDRESS SOB EDGEWOOD AVENUE S. 1.4 CMT/-ST-ZIP MCARTHUR, D.W. III D Change A ACKSONVILLE FL TITLE D CHANGE AL CMT/-ST-ZIP JACKSONVILLE FL TITLE D CHANGE AL CMT/-ST-ZIP JACKSONVILLE FL TITLE D CHANGE AL CMT/-ST-ZIP JACKSONVILLE FL TITLE SIMPSON, S. D. SIMPSON,				R.	2 Street Ade	tress (P.O. Roy Number is Not Acceptable)	-	
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11. Pursuant to the provisions of Set tions 607.0502 and 607.1508, Florida Statutirs, the above-named corporation submits this statement for the purpose of changing its 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, Flo ida Statutirs. SIGNATURE Signature, Type or printed nam for registered agent is of title if applicable. (NOTE Registered Agent agrature required when reinstating) 12.	JACI	KSONVILLE FL 32205		8:	3			
11. Pursuant to the provisions of Set tions 607,0502 and 607,1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statuties. SIGNATURE Signature, hyped or printed rain not registered agent is of title if applicable. (NOTE Registered Agent agenture required when reinstating) DATE 12.				_		Jost 3:- Coto		
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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 ce tify 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, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. A. MC. ARTHUR PRES 4-19-99 904 388 3561