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95 APR 25 AM 11:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J66180 (7)
 1. Corporation Name
CLIFFORD INDUSTRIES, INC.

Principal Place of Business 1811 FLORIDA AVE QUINCY FL 32351 US	Mailing Address PO BOX 759 QUINCY FL 32353 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 130 N. Virginia Street Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1739 Suite, Apt. #, etc.
22 City & State 23 Quincy, Florida Zip County 24 32351 25	27 City & State 28 Quincy, Florida Zip County 29 32353 30

3. Date Incorporated or Qualified 04/08/1987	3a. Date of Last Report 03/08/1994
4. FEI Number 59-2788823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CURRY, JOHN SHAW
331 N. MONROE ST.
QUINCY FL 32351**

10. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature (typed or printed name of registered agent and title of applicant) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO HIGDON, J. W III 130 N VIRGINIA ST QUINCY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STC HIGDON, JOSEPH W., JR. 305 W. KING ST. QUINCY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HIGDON, RALPH W 130 N VIRGINIA ST QUINCY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURRY, JOHN SHAW 331 N. MONROE STREET QUINCY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 13, if changed, or on an attachment with an address.

SIGNATURE: Joseph W. Higdon, Jr. **JOSEPH W. HIGDON, JR** 20-95 904-627-7564
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (System 1/1/95)