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

*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 2:08

DOCUMENT # J96090 (2)

1. Corporation Name
LLOYD CLIFTON AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
505 DELTONA BLVD STE 102 DELTONA FL 32725 US	505 DELTONA BLVD STE 102 DELTONA FL 32725 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/02/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2856389 ☐ 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
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

EZELL, KENNETH C.
577 DELTONA BVLD., SUITE 18
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 505 DELTONA BLVD., SUITE 102
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 if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	CLIFTON, LLOYD M.	1.2 NAME		
STREET ADDRESS	511 MCGREGOR ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP		
TITLE	DVP	2.1 TITLE		☒ Change ☐ Addition
NAME	CLIFTON, GEORGE M.	2.2 NAME		
STREET ADDRESS	940 N. KEPLER ROAD	2.3 STREET ADDRESS	4185 STATE ROAD 11	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	DELAND, FL 32724	
TITLE	DVS	3.1 TITLE		☐ Change ☐ Addition
NAME	EZELL, KENNETH C.	3.2 NAME		
STREET ADDRESS	1304 ERROL PARKWAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CLIFTON, BONNIE M.	4.2 NAME		
STREET ADDRESS	511 MCGREGOR ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	CLIFTON, TERRI T.	5.2 NAME		
STREET ADDRESS	940 N. KEPLER ROAD	5.3 STREET ADDRESS	4185 STATE ROAD 11	
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	EZELL, MARILEE H.	6.2 NAME		
STREET ADDRESS	1304 ERROL PKWY	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	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 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: _____ GEORGE M. CLIFTON 1/31/95 407-860-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040630 CP