

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90033 008 ***150.00

DOCUMENT # J96090

1. Corporation Name

LLOYD CLIFTON AND ASSOCIATES, INC.

Principal Place of Business

505 DELTONA BLVD
STE 102
DELTONA FL 32725
US

Mailing Address

505 DELTONA BLVD
STE 102
DELTONA FL 32725
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1987

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

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

EZELL, KENNETH C.
505 DELTONA BLVD., SUITE 102
DELTONA FL 32725

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

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 DP
NAME CLIFTON, LLOYD M.
STREET ADDRESS 511 MCGREGOR ROAD
CITY-ST-ZIP DELAND FL

DELETE

TITLE DVP
NAME CLIFTON, GEORGE M.
STREET ADDRESS 4185 STATE ROAD 11
CITY-ST-ZIP DELAND FL

DELETE

TITLE DVS
NAME EZELL, KENNETH C.
STREET ADDRESS 1304 ERROL PARKWAY
CITY-ST-ZIP APOPKA FL

DELETE

TITLE D
NAME CLIFTON, BONNIE M.
STREET ADDRESS 511 MCGREGOR ROAD
CITY-ST-ZIP DELAND FL

DELETE

TITLE D
NAME CLIFTON, TERRI T.
STREET ADDRESS 4185 STATE ROAD 11
CITY-ST-ZIP DELAND FL

DELETE

TITLE D
NAME EZELL, MARILEE H.
STREET ADDRESS 1304 ERROL PKWY
CITY-ST-ZIP DELAND FL

DELETE

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

407-860-1223

Daytime Phone #

CR2E034 (11/98)