

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
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90002 014 ***150.00

DOCUMENT # **K10062**

1. Corporation Name

CLAIRSON INDUSTRIES CORPORATION

Principal Place of Business

**2811 NE 14TH ST.
OCALA FL 34470
US**

Mailing Address

**2811 NE 14TH ST.
OCALA FL 34470
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1988

4. FEI Number

65-0091996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**HICKS, C. DANIEL
2303 SE 17TH ST SUITE 201
OCALA FL 32671**

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 **CD** ☐ DELETE
NAME **SAUEY, DONALD P.**
STREET ADDRESS **2811 N.E. 14TH ST.**
CITY-ST-ZIP **OCALA FL**

TITLE **PD** ☐ DELETE
NAME **EFFINGER, PHILIP K**
STREET ADDRESS **2811 N.E. 14TH ST.**
CITY-ST-ZIP **OCALA FL**

TITLE **ST** ☒ DELETE
NAME **CARROLL HENDERSON, BRENDA L**
STREET ADDRESS **2811 NE 14TH ST**
CITY-ST-ZIP **OCALA FL**

TITLE **AS** ☐ DELETE
NAME **HICKS, C. DANIEL**
STREET ADDRESS **2303 SE 17TH ST STE 201**
CITY-ST-ZIP **OCALA FL**

TITLE **VP FINANCE** ☐ DELETE
NAME **DEE JAY WILSON**
STREET ADDRESS **6170 BROOKHOLLOW PKWY**
CITY-ST-ZIP **NORCROSS GA 30071**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

(352) 732-3244

CR2E034 (11/98)