

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K26296 (9)**

1. Corporation Name
P.E. CLAYTON & ASSOCIATES, INC.



Principal Place of Business: **2906 FOGARTY AVE KEY WEST FL 33040 US**
Mailing Address: **P O BOX 1042 KEY WEST FL 33041 US**

3. Date incorporated or Qualified: **06/13/1988**
3a. Date of Last Report: **06/19/1995**
4. FEI Number: **65-0123111**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
City & State: **27**
Zip: **24**
Country: **25**
Zip: **29**
Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAYTON, PAUL E.
~~**145 SOLANA VILLAGE**~~ **2906 FOGARTY AVE**
~~**KEY WEST FL 33040**~~
33040

81 Name: **PAUL E. CLAYTON**
82 Street Address (P.O. Box Number is Not Acceptable): **2906 FOGARTY AVE**
83
84 City: **KEY WEST** FL 85 Zip Code: **33040**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, PAUL E.	1.2 NAME	PAUL E CLAYTON
STREET ADDRESS	145 SOLANA VILLAGE 2906 FOGARTY AVE	1.3 STREET ADDRESS	2906 FOGARTY AVE
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	KEY WEST FL 33040
TITLE	PST <input type="checkbox"/> DELETE	2.1 TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, PAUL E.	2.2 NAME	PAUL E CLAYTON
STREET ADDRESS	145 SOLANA VILLAGE 2906 FOGARTY AVE	2.3 STREET ADDRESS	2906 FOGARTY AVE
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	KEY WEST FL 33040
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secy / Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROY A. JOHNSON
STREET ADDRESS		3.3 STREET ADDRESS	2906 FOGARTY AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	KEY WEST FL 33040
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	800001822068
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	05/15/96 01039 010 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	***200.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 or if changed, or on an attachment with an address.

SIGNATURE: **PAUL E. CLAYTON** OFFICE MANAGER 4/30/96 305-296-0652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (12/95)