

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/13/1988

3a. Date of Last Report
06/19/1995

4. FEI Number
65-0123111

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAYTON, PAUL E.	
STREET ADDRESS	145 SOLANA VILLAGE 2906 FOGARTY AVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	CLAYTON, PAUL E.	
STREET ADDRESS	145 SOLANA VILLAGE 2906 FOGARTY AVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAUL E. CLAYTON	
1.3 STREET ADDRESS	2906 FOGARTY AVE	
1.4 CITY-ST-ZIP	KEY WEST FL 33040	
2.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAUL E. CLAYTON	
2.3 STREET ADDRESS	2906 FOGARTY AVE	
2.4 CITY-ST-ZIP	KEY WEST FL 33040	
3.1 TITLE	SECRET/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROY A. JOHNSON	
3.3 STREET ADDRESS	2906 FOGARTY AVE	
3.4 CITY-ST-ZIP	KEY WEST FL 33040	
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	800001822068	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/15/96-01039-010	
5.3 STREET ADDRESS	***200.00	
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 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 if changed, or on an attachment with an address.

SIGNATURE:

Paul E. Clayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFFICE MANAGER

4/3/96

305-296-0652

Date

Daytime Phone #

CR2E034 (12/95)