## 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

## DOCUMENT # 1. Corporation Name

## Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90095 015 \*\*\*158.75

·	N & CLAYTUN DEVELOPM	ENI, INC.						
Principal Place	of Business	Mailing Address				0 1101 0131F 01E41	01614 B1811 B1	611 E1511 1667
5350 DIPLOMAT CIRCLE. SUITE 101 ORLANDO FL 32810		5350 DIPLOMAT CIRCLE, SU	ITE 101					
		ORLANDO FL 32910			DO NOT WRITE	E IN THIS SP	PACE .	
					3 Date Incorporated or Qualifed			
					06/22/1988			
2 Principal Pl	lace of Business	2a, Mailing Address		-	4. FEI Number		App	olied For
21		26			59-2907308		Not	Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				È	\$8.75 A	
22		27		_	5. Certifcate of Status Desired		Fee Rec	quired
City & State	e	City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution	_	Added to	Fees
Zip	Country *	Zip	Cour	ntry	8. This corporation owes the curre			
24	25		30		Personal Property Tax.			□No
	g. Name and Address of Curre	nt Registered Agent	<del></del> -	81 Name	10. Name and Address of New Re	egisterau Ag	ent_	
KENI	NETH M. CLAYTON			V. Name				
	N. PALMETTO AVE	, ,		82 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
	ANDO FL 32801		}	83	<del>-                                    </del>	199 31 30	32 335	377.7.4
One		·	Ì			<u>.</u> . 3 P.1		100 10
	-			84 City		FI	85 Zip C	Code "
44 Burewant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes	s the ab	ove-named corps	oration submits this statement for the	ourpose of cha	anging its i	registered
11 in allonding	to the provisions of coolions of too	- Cladd - Cook - Lanes was and	44		!- b I boroby occord	the appointm	nent as reg	ustered
office or r	egistered agent, or bour, in the State	of Florida, Such change was au	inonzeu da Stati	by the corporation	on's board of directors, i hereby accept			,
	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statu	by the corporation ites.	on's board of directors. I hereby accept	w		,
agent. I a	egistered agent, or bour, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag			by the corporation ites,  Agent signature requires		DATE		
	Signature, typed or printed name of registered ag			by the corporation ites.		DATE	DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registerød	by the corporation ites.  Agent signature required	d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A D CLAYTON, BRANTLY W.	ent and title if applicable. (NOTE: F	Registerød	by the corporation ites.  Agent signature required	d when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered ag OFFICERS A D CLAYTON, BRANTLY W. 3300 LAKESHORE DR.	ent and title if applicable. (NOTE: F	13. 1.1 TIT 1.2 NA	by the corporation ites.  Agent signature required	d when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A D CLAYTON, BRANTLY W. 3300 LAKESHORE DR. ORLANDO FL	ent and title if applicable. (NOTE: F. ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	Agent signature required  LE  ME  REET ADDRESS  Y-ST-ZIP	d when reinstating)	DATE ICERS AND	DIRECTOI Change	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A D CLAYTON, BRANTLY W. 3300 LAKESHORE DR. ORLANDO FL D	ent and title if applicable. (NOTE: F	13. 1.1 TIT 12 NA 1.3 STI 1.4 CR 2.1 TIT	Agent signature required  LE  ME  REET ADDRESS  IY- ST- ZIP  LE	d when reinstating)	DATE ICERS AND	DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A  D CLAYTON, BRANTLY W. 3300 LAKESHORE DR. ORLANDO FL D CLAYTON, MARK A.	ent and title if applicable. (NOTE: F. ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA	Agent signature required  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME	d when reinstating)	DATE ICERS AND	DIRECTOI Change	RS IN 12
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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: