FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:46

DOCUMENT # K84126 (7)

1. Corporation Name
JAMES RAY CLODFELTER, CHARTERED

Principal Place of Business	Mailing Address
% JAMES RAY CLODFELTER 7000 W. PALMETTO PARK ROAD, STE. 503 BOCA RATON FL 33433 US	7000 W. PALMETTO PARK ROAD STE. 503 BOCA RATON FL 33433 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1310 MANOR COURT
Suite, Apt. #, etc.: 22 1
City & State: 23 FT. LAUDERDALE FL
Zip: 24 33326 Country: 25 USA

2a. Mailing Address
26 1310 MANOR COURT
Suite, Apt. #, etc.: 27
City & State: 28 FT. LAUDERDALE FL
Zip: 29 33326 Country: 30 USA

4. FEI Number: 65-0126863 ☐ 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

9. Name and Address of Current Registered Agent

CLODFELTER, JAMES RAY
2481 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name: JAMES RAY CLODFELTER
82 Street Address (P.O. Box Number is Not Acceptable): 1310 MANOR COURT
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33326

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☒ Change ☐ Addition
NAME	COLDFELTER, JAMES RAY	12 NAME	PSD
STREET ADDRESS	7000 W. PALMETTO PARK ROAD, #503	13 STREET ADDRESS	JAMES RAY CLODFELTER
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	1310 MANOR COURT FT LAUDERDALE, FL 33326
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this 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: [signature] JAMES RAY CLODFELTER 4/1/95 (305) 389-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0261641 CP