

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 PM 12:07

DOCUMENT # **L22742** (5)

1. Corporation Name

JOHN CLIFTON & LYNN SUTTON TAX SERVICE, INC.

Principal Place of Business

% JOHN F. CLIFTON
10051 SAN JOSE BLVD
JACKSONVILLE FL 32257

Mailing Address

% JOHN F. CLIFTON
10051 SAN JOSE BLVD
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/13/1989

3a. Date of Last Report

03/17/1994

4. FEI Number

59-2974234

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

2. Principal Place of Business

21 **4436 HENDRICKS AVE**

2a. Mailing Address

26 **4436 HENDRICKS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **JACKSONVILLE FL**

City & State

28 **JACKSONVILLE FL**

Zip

24 **32207**

Country

25 **DUVAL**

Zip

29 **32207**

Country

30 **DUVAL**

9. Name and Address of Current Registered Agent

CLIFTON, JOHN F.
10904 INDIES DR. S.
JACKSONVILLE FL 32218 46

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **4436 HENDRICKS AVE**

84 City **JACKSONVILLE**

FL

85 Zip Code

32207

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CLIFTON, JOHN F.
STREET ADDRESS	10051 SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VSD
NAME	SUTTON, E. LYNN
STREET ADDRESS	2704 FORBES ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	4436 HENDRICKS AVE
1.4 CITY-ST-ZIP	32207
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	2725 COLLEGE ST.
2.4 CITY-ST-ZIP	32205
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

John F. Clifton **JOHN F. CLIFTON**

2-11-95

984-737-1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #