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
95 MAY 23 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L38900

1. Corporation Name

Clayton Consulting Co.

Principal Place of Business	Mailing Address
1040 Bayview Drive, Suite 605 Ft. Lauderdale, FL 33304	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/89
3a. Date of Last Report: 03/09/94

2. Principal Place of Business	2a. Mailing Address
21 1040 Bayview Dr., Ste. 605	26 1040 Bayview Dr., Ste. 605
22 Suite, Apt. #, etc. Ste. 605	27 Suite, Apt. #, etc. Ste. 605
23 City & State Ft. Lauderdale, FL	28 City & State Ft. Lauderdale, FL
24 Zip 33304 25 Country Broward	29 Zip 33304 30 Country Broward

4. FEI Number: 65-0165807 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
J.M. Beeson, Jr. 712 Intracoastal Drive Ft. Lauderdale, FL 33304	81 Name: J.M. Beeson, Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 2881 NE 26th Place 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33306

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 / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT/DIRECTOR J.M. BEESON, JR. 2881 NE 26th Place Ft. Lauderdale, FL 33306	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition 500000149837 -05/24/95--01073--003 ****225.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SECRETARY/TREASURER/DIRECTOR MARY C. BEESON 2881 NE 26th Place Ft. Lauderdale, FL 33306	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR JAMES BLAKE BEESON 2070 NE 63 Street Ft. Lauderdale, FL 33308	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR Kathrine E. Segraves 4001 NE 16th Terrace Ft. Lauderdale, FL 33334	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ASST. SECRETARY J. SCOTT SEGRAVES 4001 NE 16th Terrace Ft. Lauderdale, FL 33334	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption set forth in Section 119.07(3)(i), Florida Statutes. Further I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my electronic 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.

SUBMITTED BY MAY 1

SIGNATURE: _____ J.M. Beeson, Jr., President 05/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF BIONNO OFFICER OR DIRECTOR — Date

(305)565-5772