SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

Amended
~~PROFIT~~ CORPORATION
ANNUAL REPORT
1996

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

96 AUG 28 PM 1:25

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DOCUMENT # L38900

1. Corporation Name
Clayton consulting co.
33 N.E. 2ND St
Suite 200

Principal Place of Business / Mailing Address
Clayton Consulting co.
33 N.E. 2ND St
Suite 200 Ft Lauderdale 33304

3. Date Incorporated or Qualified: 12/28/89
3a. Date of Last Report: 5/1/96

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
Beeson, J.M. Jr
2881 NE 26th Place
Ft. Lauderdale, FL 33304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	[redacted]	☑ DELETE
NAME	Beeson Jr J.M.	
STREET ADDRESS	2881 N.E. 26th place	
CITY-ST-ZIP	Ft Lauderdale, Fl 33306	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	☐ DELETE
NAME	Beeson, M.C.	
STREET ADDRESS	2881 NE 26th Place	
CITY-ST-ZIP	Ft. Lauderdale FL 3330	
TITLE	AS	DELETE
NAME	Scott, Segraves J	
STREET ADDRESS	2881 NE 26 PL	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	PRS	☐ DELETE
NAME	Lance, DAWN	
STREET ADDRESS	5590 Atlantic View	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP President	☑ Change ☐ Addition
1.2 NAME	Beeson J. BLAKE	
1.3 STREET ADDRESS	2070 N.E. 63RD Street	
1.4 CITY-ST-ZIP	Ft Lauderdale 33306	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Beeson — 8/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Beeson J. Blake