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May 28 1997 8:00am
Secretary of State

PROJECT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M26144

(9)

1. Corporation Name
CLAYTON L. OLDING, INC.



Principal Place of Business

3791 EDISON AVE
FT MYERS FL 33916
US

Mailing Address

3791 EDISON AVE
FT MYERS FL 33916-4705
US

3. Date Incorporated or Qualified

01/21/1986

3a. Date of Last Report

04/22/1996

2. Principal Place of Business

21 557 Construction Ln.

2a. Mailing Address

26 P.O. Box #39

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 City & State

Lehigh Acres, FL

28 City & State

Lehigh Acres, FL

24 Zip

33936

29 Zip

33970

25 Country

LEE

30 Country

LEE

4. FEI Number

59-2637722

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

WOLFSON, DAVID A.
15321 S. DIXIE HWY SUITE #209
MIAMI FL 33157

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 carrying 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 D DELETE

NAME
OLDING, CLAYTON
STREET ADDRESS
11 ILLINOIS AVE.
CITY-ST-ZIP
LEHIGH ACRES FL

TITLE DST DELETE

NAME
OLDING, LINDA
STREET ADDRESS
11 ILLINOIS AVE.
CITY-ST-ZIP
LEHIGH ACRES FL

TITLE V DELETE

NAME
OLDING, TRACY
STREET ADDRESS
11 ILLINOIS AVE.
CITY-ST-ZIP
LEHIGH ACRES FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

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

1.4 CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/97 941369-2000
Date Daytime Phone

CR2E034 (9/96)