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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N20264

(0)

1. Corporation Name

CLAN GILLEAN USA INC.



Principal Place of Business

Mailing Address

P. O. BOX 4061
ALVIN TX 77511

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ALVIN TX 77511

3. Date Incorporated or Qualified

04/21/1987

4. FEI Number

56-0836635

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORSMAN, ROBERT H.
4010 OAK HAMMOCK LANE
FT. PIERCE FL 34981

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RANKIN, ROBERT C.
STREET ADDRESS 804 PEACAN SUITE B
CITY-ST-ZIP MCALLEN TX

DELETE

TITLE TD
NAME MCLANE, ANNE P.
STREET ADDRESS 232 OAK MANOR DRIVE
CITY-ST-ZIP ALVIN TX

DELETE

TITLE SD
NAME MCLANE, DAVID NEIL
STREET ADDRESS 232 OAK MANOR DRIVE
CITY-ST-ZIP ALVIN TX

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE President D
1.2 NAME Owen Kirk Lane
1.3 STREET ADDRESS 742 Lakewood Dr
1.4 CITY-ST-ZIP Jefferson TN 37760

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE Secretary/Treasurer D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE Vice-President D
4.2 NAME Robert H. Forsman
4.3 STREET ADDRESS 4010 Oak Hammock Ln
4.4 CITY-ST-ZIP Ft. Pierce FL 34981

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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

SIGNATURE: [Signature]

4/22/99 241-388-11010

CR2E037 (10/97)