

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 MAY -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10564 (3)

1. Corporation Name

CLAYTON MANUFACTURING COMPANY

Principal Place of Business

**4213 N. TEMPLE CITY BLVD.
EL MONTE CA 91731-1091**

Mailing Address

**PO BOX 5530
EL MONTE CA 91734-1530**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1986

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-3480714

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. 190.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, Name, or printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when installing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	CLAYTON, WILLIAM, JR.
STREET ADDRESS	4213 N. TEMPLE CITY BLVD.
CITY, ST, ZIP	EL MONTE CA 91731
TITLE	V
NAME	CLUER, ALLEN
STREET ADDRESS	4213 N. TEMPLE CITY BLVD.
CITY, ST, ZIP	EL MONTE CA 91731
TITLE	VS
NAME	NELSON, PHYLLIS J
STREET ADDRESS	4213 N. TEMPLE CITY BLVD.
CITY, ST, ZIP	EL MONTE CA 91731
TITLE	VT
NAME	BOYD, CALVIN
STREET ADDRESS	4213 N. TEMPLE CITY BLVD.
CITY, ST, ZIP	EL MONTE CA
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	
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	

**300001474053
-05/03/95 -01152--001
****200.00 ****200.00**

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:

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

Boyd Calvin **Boyd Calvin**

DATE

4/13/95

SIGNATURE NUMBER

818443-9381