

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:19

DOCUMENT # **P92000008433 (4)**

1. Corporation Name

CLAUSER & ASSOCIATES INC.

Principal Place of Business

**201 E. KICKLIGHTER ROAD
LAKE HELEN FL 32744**

Mailing Address

**201 E. KICKLIGHTER ROAD
LAKE HELEN FL 32744**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

03/17/1994

4. FEI Number

59-3153361

Applied for

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CLAUSER, MARGARET W
201 E. KICKLIGHTER ROAD
LAKE HELEN FL 32744**

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

(Sign in light or printed name of registered agent and the agent)

(NOTE: Registered agent signature required when changing)

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD

CLAUSER, MARGARET W

201 E. KICKLIGHTER ROAD

LAKE HELEN FL 32744

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VSTD

CLAUSER, THOMAS P

201 E. KICKLIGHTER ROAD

LAKE HELEN FL 32744

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation stated in Chapter 139.02, 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 139, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE:

Thomas P. Clauser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS P. CLAUSER

4/10/95

**(404)
228-0310**