

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION  
ANNUAL REPORT  
**1995**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS****95 JUN 20 AM 11:19****DOCUMENT # P93000001523 (8)**

1. Corporation Name

**CLAYSON ENTERPRISES, INC.**

Principal Place of Business

**1182 COY SENDA  
JENSEN BEACH FL 34957**

Mailing Address

**1182 COY SENDA  
JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/08/1993**

3a. Date of Last Report

**05/10/1994**

4. FEI Number

**59-3157523**

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

2. Principal Place of Business

**21 725 Colorado Ave.**

2a. Mailing Address

**26 725 Colorado Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

**23 Stuart, FL**

City &amp; State

**28 Stuart, FL**

Zip

**24 34994**

Country

**25 USA**

Zip

**29 34994**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**ROBINSON, JACQUELINE C  
1182 COY SENDA  
JENSEN BEACH FL 34957**

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**P, D  
ROBINSON, JACQUELINE C.  
1182 COY SENDA  
JENSEN BEACH FL**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**VP  
ROBINSON, GERALD  
1182 COY SENDA  
JENSEN BEACH FL**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**VP  
ROBINSON, TERRI  
2013 NE COLLINS CIRCLE #1  
JENSEN BEACH FL**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIPTITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIPTITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**S  
ROBINSON, RONALD K.  
1182 Coy Senda  
Jensen Beach, FL**  
☐ Change ☒ Addition21 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**T  
ROBINSON, GERALD  
1182 Coy Senda  
Jensen Beach, FL 34957**  
☐ Change ☒ Addition31 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition41 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition51 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition61 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
☐ Change ☐ Addition

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:

*Jacqueline C. Robinson, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*3/14/95*  
Date*407287-8800*  
Taxpayer's Phone #

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P93000001630 (1)

1. Corporation Name

MERCY MARKET, INC.

Principal Place of Business

1430 MERCY DRIVE  
ORLANDO FL 32808

Mailing Address

1430 MERCY DRIVE  
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
01/04/1993

3a. Date of Last Report  
03/07/1994

4. FEI Number  
59-3162691

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

9. This corporation has liability for intangible tax under s. 199.002,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1430 Mercy Dr.

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Same as above

City & State

28 Same as above

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUN, YE J  
1430 MERCY DRIVE  
ORLANDO FL 32808

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
JUN, YE J  
8804 SOUTH BAY DRIVE  
ORLANDO FL 32819

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ 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 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)(b), 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 007, 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

DATE

Signature Phone #