

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000001523 (8)

1. Corporation Name

CLAYSON ENTERPRISES, INC.



Principal Place of Business

725 COLORADO AVE
STUART FL 34994
US

Mailing Address

725 COLORADO AVE
STUART FL 34994
US

3. Date Incorporated or Qualified
01/08/1993

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, JACQUELINE C
1182 COY SENDA
JENSEN BEACH FL 34957

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1997 Palm City Rd. # 48A

83

84

City Stuart

FL

85

Zip Code 34994

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

Jacqueline C. Robinson, President

(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	PD	<input type="checkbox"/> DELETE
NAME	ROBINSON, JACQUELINE C.	
STREET ADDRESS	1182 COY SENDA	
CITY - ST - ZIP	JENSEN BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBINSON, GERALD	
STREET ADDRESS	1182 COY SENDA	
CITY - ST - ZIP	JENSEN BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, TERRI	
STREET ADDRESS	2013 NE COLLINS CIRCLE #1	
CITY - ST - ZIP	JENSEN BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBINSON, RONALD K	
STREET ADDRESS	1182 COY SENDA	
CITY - ST - ZIP	JENSEN BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBINSON, GERALD	
STREET ADDRESS	1182 CAY SENDA	
CITY - ST - ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<i>NO DATA</i>
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Robinson, Ronald K
23 STREET ADDRESS	2510 PINECREST VALLEY BLVD
24 CITY - ST - ZIP	Jensen Beach, FL 34957
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<i>NO DATA</i>
33 STREET ADDRESS	Robinson, Gerald L.
34 CITY - ST - ZIP	1997 Palm City Rd. # 48A
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Robinson, Jacqueline C.
43 STREET ADDRESS	1997 Palm City Rd # 48A
44 CITY - ST - ZIP	STUART FL 34994
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(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, PD

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/23/96

Date

407-297-8900

Daytime Phone #

CR2E034 (12/95)