FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083471 (1)

1. Corporation Name
CLARKSON-MCCLURE ASSOCIATES, INC.

Principal Place of Business
3100 UNIVERSITY BLVD. S
S-235
JACKSONVILLE FL 32216

Mailing Address
3100 UNIVERSITY BLVD. S
S-235
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3214917 — 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. 199.06, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc. Suite 2..
23 City & State
24 Zip
25 County

2a. Mailing Address
26
27 Suite, Apt. #, etc. S...
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

CLARKSON, PATRICIA H
3100 UNIVERSITY BLVD. S
SUITE 235
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: DEBBIE H. MONTALVO
82 Street Address (P.O. Box Number is Not Acceptable): 3100 UNIVERSITY BLVD. S.
83 SUITE 200
84 City: JACKSONVILLE FL
85 Zip Code: 32216

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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: Debbie H. Montalvo — 4-27-95

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CLARKSON, CHARLES A
STREET ADDRESS	3100 UNIVERSITY BLVD. S. SUITE 235
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	PD
NAME	MCCLURE, DONALD R
STREET ADDRESS	3100 UNIVERSITY BLVD. S. SUITE 235
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	VD
NAME	CLARKSON, ROBERT W
STREET ADDRESS	3100 UNIVERSITY BLVD. S. SUITE 235
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	STD
NAME	CLARKSON, PATRICIA H
STREET ADDRESS	3100 UNIVERSITY BLVD. S. SUITE 235
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — [ ] Change [ ] Addition)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles A. Clarkson — 4/24/95 — 904/399-0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES A. CLARKSON

0018321 CP