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 JAN 19 AM 9:39

DOCUMENT # P94000004289 (2)

1. Corporation Name
CLEMENS EMPLOYMENT GROUP, INC.

Principal Place of Business	Mailing Address
2102 HIGH AVENUE PANAMA CITY FL 32405	2102 HIGH AVENUE PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 659 Jenks Ave.	26 P.O. Box 1893
State, Apt. #, etc. 22 Suite E	State, Apt. #, etc. 27
City & State 23 Panama City Fl.	City & State 28 Panama City Fl.
Zip / Country 24 32401 / 25 USA	Zip / Country 29 32402 / 30 USA

4. FEI Number: 59-3218864 — [ ] 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 unrelinquished tax under § 193.022 Florida Statutes [✓] Yes [ ] No

9. Name and Address of Current Registered Agent

CLEMENS, VICTORIA
2102 HIGH AVENUE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: Gary W Tennyson
82 Street Address (P.O. Box Number is Not Acceptable): 659 Jenks Ave
83: Suite E
84 City: Panama City — FL — 85 Zip Code: 32401

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: Gary W Tennyson — Gary W Tennyson

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A, C)
TITLE	President	1 TITLE
NAME	Gary W Tennyson	1 NAME
STREET ADDRESS	659 Jenks Ave. Suite E	1 STREET ADDRESS
CITY ST ZIP	Panama City Fl. 32401	1 CITY ST ZIP
TITLE		2 TITLE
NAME		2 NAME
STREET ADDRESS		2 STREET ADDRESS
CITY ST ZIP		2 CITY ST ZIP
TITLE		3 TITLE
NAME		3 NAME
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CITY ST ZIP		5 CITY ST ZIP
TITLE		6 TITLE
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY ST ZIP		6 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is true and complete and that I am not qualified for the exemption stated in Section 119.07(3)(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: Gary W Tennyson — Gary W Tennyson — President — 1-13-94 — 904-763-1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0030210 CP