

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000017806 (8)

1. Corporation Name

CLINTON J. FORD M.S. INCORPORATED



Principal Place of Business

Mailing Address

ROUTE 4 BOX 139
ALACHUA FL 32615

ROUTE 4 BOX 139
ALACHUA FL 32615

3. Date Incorporated or Qualified
03/02/1994

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 21219 NW 70 AVE

26 21219 N.W 70 AVE

4. FEI Number

59-3225362

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Alachua, FL

27

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

23 Alachua FL

28 Alachua FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32615

25 Alachua

29 32615

30 Alachua

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

FORD, CLINTON J
ROUTE 4 BOX 139
ALACHUA FL 32615

81 Name

Clinton J Ford

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

21219 NW 70 AVE

83

84 City

Alachua

FL

85 Zip Code

32615

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME P
STREET ADDRESS FORD, CLINTON J
CITY-ST-ZIP RT 4 BOX 139
ALACHUA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE
1.2 NAME Clinton J. Ford ☒ Change ☐ Addition
1.3 STREET ADDRESS 21219 NW 70 AVE
1.4 CITY-ST-ZIP Alachua FL 32615

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)(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: X

Clinton J Ford

4/16/96

904-462-0167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)