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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 27 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034013 (0)**

1. Corporation Name
CLAYTON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
851 SOUTH BAYWAY BLVD. NO. 807 CLEARWATER FL	851 SOUTH BAYWAY BLVD. NO. 807 CLEARWATER FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report: NA

2. Principal Place of Business
21: 647 CLEVELAND ST.
22: Suite, Apt. #, etc.
23: City & State: CLEARWATER
24: Zip: 34615
25: County: PINELLAS

2a. Mailing Address
26: 647 CLEVELAND ST.
27: Suite, Apt. #, etc.
28: City & State: CLEARWATER,
29: Zip: 34615
30: Country: PINELLAS

4. FEI Number: 59-3243638 ☐ 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

CLAYTON, SHARON
851 SOUTH BAYWAY BLVD.
NO. 807
CLEARWATER FL

10. Name and Address of New Registered Agent

81 Name: SHARON CLAYTON
82 Street Address (P.O. Box Number is Not Acceptable): 118 ISLAND WAY
83: 232
84 City: CLEARWATER FL 85 Zip Code: 34630

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: Sharon Clayton (Signature of previous registered agent and title if applicable) (New Registered Agent signature required when reinstated) DATE: 7-20-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☑ Change ☐ Addition
TITLE	D	11 TITLE		
NAME	CLAYTON, SHARON	12 NAME		
STREET ADDRESS	851 S. BAYWAY BLVD., #807	13 STREET ADDRESS	118 ISLAND WAY, #232	
CITY ST ZIP	CLEARWATER FL 34630	14 CITY ST ZIP	CLEARWATER, FL 34630	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MADDEN, MICHAEL B	22 NAME		
STREET ADDRESS	240 WINDWARD PASSAGE., #701	23 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL 34630	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	FAZZINA, THOMAS A	32 NAME		
STREET ADDRESS	1451 GULF BLVD., #217	33 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL 34630	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 above, or on an attachment with an additional

SIGNATURE: Sharon Clayton — SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

7-20-95 — Date

813 443-1500 — Daytime Phone #

0100103 FP