

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000056346 (7)

1. Corporation Name  
**CLAYTON & BZOCH, INC.**



Principal Place of Business: 5341 SW 91ST TERR, STE A, GAINESVILLE FL 32608 US  
Mailing Address: 5341 SW 91ST TERR, STE A, GAINESVILLE FL 32608 US

3. Date Incorporated or Qualified: 07/28/1994  
3a. Date of Last Report: 06/14/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-3257214	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
23	City & State	27	City & State	8	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
24	Zip	28	Zip	29	Country	30	Country		

**9. Name and Address of Current Registered Agent**

CLAYTON, JAMES E  
111 SE FORST AVE  
GAINESVILLE FL 32601

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, JAMES E JR	1.2 NAME	
STREET ADDRESS	325 NW 30TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	1.4 CITY-ST-ZIP	
TITLE	DVST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KZOWL, KEVIN J	2.2 NAME	Bzoch, Kevin J.
STREET ADDRESS	5502 SW 88TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 352-335-7846

Date Daytime Phone #

CR2E034 (12/95)