

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000062752 (8)**

1. Corporation Name

CLINCH & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**2201 CANTU CT
SUITE 200
SARASOTA FL 34232
US**

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SUITE 200
SARASOTA FL 34232
US**

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0525286

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

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No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, RICHARD E
11609 NW 62ND PLACE
GAINESVILLE FL 32606**

81 Name

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

83

84 City

FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **COX, RICHARD E**
CITY - ST - ZIP **11609 NW 62ND PLACE
GAINESVILLE FL 32606**

1.1 TITLE

☐

Change

☐

Addition

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **COX, MARTINE G**
CITY - ST - ZIP **11609 NW 62 PL
GAINESVILLE FL**

2.1 TITLE

☐

Change

☐

Addition

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **CLINCH, JAMES P**
CITY - ST - ZIP **608 HIBISCUS DR
VENICE FL**

3.1 TITLE

☐

Change

☐

Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

☐

Change

☐

Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

☐

Change

☐

Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES P. CLINCH, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-96

941-379-9906

CR2E034 (3/96)