## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

STREET ADDRESS

Or E Clark go

CITY-ST-ZIP

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 17 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 P94000071977 (0) **DOCUMENT #** CLAYSOFT, INC. Mailing Address Principal Place of Business 1360 4TH ST 1360 4TH ST **ORANGE CITY FL 32763 ORANGE CITY FL 32763** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/27/1994 FEI Number 06/03/1996 2. Principal Place of Business 2a. Mailing Address Applied For 123 N. INDUSTRIAL Not Applicable 26 59-3271655. Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required SUITE A 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing ORANGE CITY 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 25 VOLUSIA 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ABELES, DAVID E STHER G. CLAYTON **5 W HIGHBANKS RD** Street Address (P.O. Box Number is Not Acceptable) **B2 DEBARY FL 32713** 83 84 City Zip Code **3≥7≤**5 DRANGE CITY 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. ESTIME 6. CLOYTON ont and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE Davis, James M NAME 1.2 NAME 351 W VIRGINIA AVE STREET ADDRESS 1.3 STREET ADDRESS ORANGE CITY FL 32763 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE DIRECTOR - D Change X Addition TITLE 2.1 TITLE **AB**ELES, DAVID MIKE TARANTO NAME 2.2 NAME 2007 GEO BEKNASEK DR. **5 W HIGHBANKS RD** STREET ADDRESS 2.3 STREET ADDRESS **DEBARY FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DEBARY FI DELETE Change Addition TITLE 3.1 TITLE CHINELLI, JOHN NAME 3.2 NAME 1100 W BLUE SPRINGS DR STREET ADDRESS 3.3 STREET ADDRESS **ORANGE CITY FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE C/P/S X Change Addition CLAYTON, JOE NAME 4.2 NAME CLAYTON, JOE 1144 IGTH STREET STREET ADDRESS 1144 16TH STREET 4.3 STREET ADDRESS **ORANGE CITY FL** orange city, FL 32763 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change X Addition TITLE 5.1 TITLE ANGELA LEWIS NAME 5.2 NAME 1006 S. WOODWARD AVE. 5.3 STREET ADDRESS STREET ADDRESS DELAND, FL 32720 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 2(P 14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

JOE G. CLAYTON JE