FILED

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P94000071977**

1. Corporation Name

CLAYSOFT, INC.

Principal Place of Business

Mailing Address

1360 4TH ST

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3. Date Incorporated or Qualifed

1<del>23 N INDUSTRIAL D</del>R SUITE A **ORANGE CITY FL 32763** ORANGE CITY FL 32763 DO NOT WRITE IN THIS SPACE 09/27/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3271655 Not Applicable 26 21 1360 4TH ST. Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees ORANGE City Trust Fund Contribution 23 28 Zip Country This corporation owes the current year Intangible 25 VOLUSIA □No 29 30 Personal Property Tax. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLAYTON, ESTHER G 82 Street Address (P.O. Box Number is Not Acceptable) 1360 4TH ST **ORANGE CITY FL 32763** 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE DAVIS, JAMES M 1.2 NAME NAME 351 W VIRGINIA AVE 1.3 STREET ADDRESS STREET ADDRESS **ORANGE CITY FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE [T] Change 2.1 TITLE TITLE TARANTO, MIKE 2.2 NAME NAME 620 BERNASER DR STREET ADDRESS 2.3 STREET ADDRESS DEBARY FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE LEWIS, ANGELA NAME 3.2 NAME 1006 S WOODWARD AVE STREET ADDRESS 3.3 STREET ADDRESS DELAND FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition CPS DELETE TITLE 4.1 TITLE CLAYTON, JOE 4. 2 NAME NAME 1144 16TH STREET STREET ADDRESS 4.3 STREET ADDRESS ORANGE CITY FL 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 51 T/II F ☐ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 daccurate 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, with all other like empowered.

SIGNATURE:

CR2E034