

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000091987	
1. Entity Name CLAYTON-JOHNSTON, P.A.	

Principal Place of Business 111 S.E. 1ST AVENUE GAINESVILLE, FL 32601	Mailing Address 111 S.E. 1ST AVENUE GAINESVILLE, FL 32601
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3283917	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IRELAND, LEONARD E JR. 111 S.E. 1ST AVENUE GAINESVILLE, FL 32601

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAYTON, JAMES E ROUTE 1, BOX 37 MICANOPY, FL 32657
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINCEY, JAMES S 1934 N.W. 32ND TERRACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IRELAND, LEONARD E JR. 11129 N.W. 12TH PLACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GADD, CHARLES M. JR. 4401 S.W. 81ST PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/21/04-80008-021 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>CLAYTON-JOHNSTON, P.A.</u> <i>[Signature]</i> President 1/20/04 352-376-4694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #