

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000044465 (9)**

1. Corporation Name

CLIFTON INDUSTRIES, INC.

Principal Place of Business

**833 N SPRING GARDEN AVE
DELAND FL 32720**

Mailing Address

**833 N SPRING GARDEN AVE
DELAND FL 32720**



2. Principal Place of Business

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Suite, Apt. #, etc.

22

City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

City

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3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

4. FEI Number

59-3321883

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 ☐ No

9. Name and Address of Current Registered Agent

**CLIFTON, JAMES O
833 N SPRING GARDEN AVE
DELAND FL 32720**

10. Name and Address of New Registered Agent

31. Name

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

33

34. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the registered 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 this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

(If No. Registered Agent is not applicable, leave blank)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

**CLIFTON, JAMES O
2950 N SPARKMAN AVE
ORANGE CITY FL 32763**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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**CLIFTON, ALICE M
2950 N SPARKMAN AVE
ORANGE CITY FL 32763**

☐ DELETE

TITLE

NAME

STREET ADDRESS

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SIGNATURE:

James O. Clifton Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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