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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90138 028 ***150.00

0038846

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000064128

1. Corporation Name
CLAYVIS ONLINE MARKETING, INC.

Principal Place of Business
12222 BRECKENRIDGE CT.
JACKSONVILLE FL 32223
US

Mailing Address
12222 BRECKENRIDGE CT
JACKSONVILLE FL 32223
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **12760 Burning Tree LN W**
Suite, Apt. #, etc.

22

23 **Jacksonville FL**
City & State

24 **32223** 25 **Duval**
Zip Country

2a. Mailing Address

26 **12760 Burning Tree LN W**
Suite, Apt. #, etc.

27

28 **Jacksonville FL**
City & State

29 **32223** 30 **Duval**
Zip Country

3. Date Incorporated or Qualified

08/15/1995

4. FEI Number

58-2190428

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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VISMAN, LINDA W
12222 BRECKENRIDGE CT.
JACKSONVILLE FL 32223

81 Name

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

12760 Burning Tree LN W

83

84 City

Jacksonville

FL

85 Zip Code

32223

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.050(1) 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: **Linda W. Visman**

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

4-24-99

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**
NAME **VISMAN, LINDA W**
STREET ADDRESS **12222 BRECKENRIDGE CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **CEO** ☐ DELETE

NAME **VISMAN, RICHARD A**
STREET ADDRESS **12222 BRECKENRIDGE CT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

12760 Burning Tree LN W

Jacksonville FL 32223

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

12760 Burning Tree LN W

Jacksonville FL 32223

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE:

RAV Visman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99

Date

904-262-3477

Daytime Phone #

CR2E034 (11/98)