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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000009093 (1)

1. Corporation Name
CLEMSON MANOR, INC.

Principal Place of Business
39746 OTIS ALLEN RD
ZEPHYRHILLS FL 33540

Mailing Address
39746 OTIS ALLEN RD
ZEPHYRHILLS FL 33540-6805



3. Date Incorporated or Qualified 01/25/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-3361257		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent

CLEMSON, DOUGLAS F
39746 OTIS ALLEN RD
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	CLEMSON, DOUGLAS F	1.2 NAME	Clemson, Douglas, F.
STREET ADDRESS	39746 OTIS ALLEN RD	1.3 STREET ADDRESS	39746 OTIS Allen Rd.
CITY - ST - ZIP	ZEPHYRHILLS FL 33540	1.4 CITY - ST - ZIP	Zephyrhills FL 33540
TITLE	D	2.1 TITLE	V
NAME	CLEMSON, GAIL E	2.2 NAME	Clemson, Gail, E.
STREET ADDRESS	39746 OTIS ALLEN RD	2.3 STREET ADDRESS	39746 OTIS Allen Rd.
CITY - ST - ZIP	ZEPHYRHILLS FL 33540	2.4 CITY - ST - ZIP	Zephyrhills, FL 33540
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE:

Douglas F. Clemson
Douglas F. Clemson 2-3-97 783-8463

CR2E034 (9/96)