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Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90044 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028861

1. Corporation Name

CLANTON CONSTRUCTION, INC.

Principal Place of Business Mailing Address								
230 OLEANDER CORUT 230 OLEANDER CORUT								
PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 3241				13		DO NOT WRITE IN THIS SPACE		
		•				3. Date Incorporated or Qualified	, SPACE	
						03/27/1996		(
2. Principal Place of Business 2a. Mailing Address				_		4. FEI Number		Applied For
21 26						59-3382772		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	5 Additional
27						5. Certifcate of Status Desired	Fee	Required
City & State City & State						6. Election Campaign Financing		0 May.Be
23 28			<u> </u>			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	У		8. This corporation owes the current year in		
24	25		30	_		Personal Property Tax.	Yes	□No
	t Registered Agent	81			10. Name and Address of New Registered Agent			
HESS, BRIAN D				Name				
9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407			82	Street /	Addre	ddress (P.O. Box Number is Not Acceptable)		
			_					
			83	1			÷	Į
			84	City		FI	85 Zi	ip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th							f changing	ite registered
office or r	egistered agent or both in the State (of Florida. Such change was au	thorized by	/ the como	corpo oration	ration submits this statement for the purpose of his board of directors. I hereby accept the appo	intment as	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statute	s.		\		.
SIGNATURE	1	The state of the s				when reinstating) DATE		
40	Signature, typed or printed name of registered agen		13.	ent signature r	edoneo	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	OFFICE INC.		1.1 TITLE				Chang	
NAME	OLANGON WILLIAM A		1.2 NAME					
STREET ADDRESS	220 OLEANDED CODUIT			1.3 STREET ADDRESS				Į.
	DANIANA OFFI DEACH EL 20442			1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE			2.1 TITLE			Chang	ge 🔲 Addition	
NAME	OLANTON CLADVO F		2.2 NAME			•]
STREET ADDRESS	OOD OLEANDED CODUT			T ADDRESS				
CITY-ST-ZIP	DAMANA OFFI PEACH EL 20440		2.4 CITY-		1			\ \
TITLE			3.1 TITLE				☐ Chang	ge
NAME			3.2 NAME					 - :
STREET ADDRESS			3.3 STREE	ET ADORESS ,		•		. [
CITY-ST-ZIP	34.1		3.4. CITY-	3.4. CITY-ST-ZIF		<u> </u>		
TITLE	DELETE 4.1 TI		4.1 TITLE	TITLE			☐ Chan	ge
NAME			4. 2 NAME	•				+
STREET ADDRESS			4.3 STREI	ET ADDRESS				-1
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Chang	ge 🗌 Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				ļ

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, of on an attachment with an address with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

Addition