

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 16 1997 8:00am  
Secretary of State

DOCUMENT # P96000029092 (9)

1. Corporation Name  
CLANCY COMPANY, INC.



Principal Place of Business  
5 SHIRWOOD ROAD  
FORT WALTON BEACH FL 32547

Mailing Address  
5 SHIRWOOD ROAD  
FORT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1996		3a. Date of Last Report	
21	5 Sherwood Rd	26	5 Sherwood Rd	4. FEI Number 593377102		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

CLANCY, SEAN  
5 SHIRWOOD ROAD  
FORT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

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

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

Sean Clancy

9 9 1997

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

(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	
NAME	CLANCY, CYRIL J	1.2 NAME	
STREET ADDRESS	209 HAWTHORNE CR	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	CLANCY, MARY E	2.2 NAME	
STREET ADDRESS	209 HAWTHORNE CR	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	CLANCY, SEAN	3.2 NAME	
STREET ADDRESS	5 SHIRWOOD ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT WALTON BEACH FL 32547	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	CLANCY, LAUREN	4.2 NAME	
STREET ADDRESS	3522 NE 174TH STREET, #308	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33160	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:

Sean Clancy

9 9 1997

CR2E034 (4/97)