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May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000022604

1. Corporation Name
CLAYMORE CONSULTING, Inc.

Principal Place of Business	Mailing Address
Rt. 5 Box 169 Perry, FL. 32347	Rt. 5 Box 169 Perry, FL. 32347

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: MARCH 12, 1997

2. Principal Place of Business	2a. Mailing Address
21 203 Park Ridge AVE	26 203 Park Ridge Ave
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Temple Terrace, FL.	28 City & State: Temple Terrace, FL
24 Zip: 33617 25 Country: USA	29 Zip: 33617 30 Country: USA

4. FEI Number: 59-3439005 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Sylvia S. MATTHEWS Rt. 5 Box 169 Perry, FL. 32347	81 Name: Michael N. MATTHEWS 82 Street Address (P.O. Box Number is Not Acceptable): 203 Park Ridge Ave. 83 84 City: Temple Terrace FL 85 Zip Code: 33617

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: Michael Matthews 4/27/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres, VP, Sec, Treas, Director Sylvia S. MATTHEWS Rt. 5 Box 169 Perry, FL. 32347 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SECRETARY / TREASURER / Director ☒ Change ☐ Addition Sylvia Schmid MATTHEWS 203 Park Ridge Ave Temple Terrace, FL. 33617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PRESIDENT / CHEIF EXECUTIVE OFF. ☐ Change ☒ Addition Michael N. MATTHEWS > Director 203 Park Ridge Ave Temple Terrace, FL. 33617
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 85 5.5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	300002511952 ☐ Change ☐ Addition -05/05/98--01130--030 ***150.00

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.

SIGNATURE: Sylvia S. Matthews 4/28/98 (813) 899-6800
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)