

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90016 044 \*\*\*150.00

DOCUMENT # P97000104585

1. Corporation Name  
CLAY-OVEN CHICKEN CORP.



Principal Place of Business  
5622 MARINE PARKWAY  
SUITE 16  
NEW PORT RICHEY FL 34652-4330

Mailing Address  
5622 MARINE PARKWAY  
SUITE 16  
NEW PORT RICHEY FL 34652-4330

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4106 61st Ave Terr (W)

Suite, Apt. #, etc.

22

23 BRADENTON, FL

City & State

24 34210

Zip

Country

25

2a. Mailing Address

26 P.O. Box 2217

Suite, Apt. #, etc.

27

28 ONECO, FL

City & State

29 34264

Zip

Country

30 U.S.A

3. Date Incorporated or Qualified

12/11/1997

4. FEI Number

59-3506145

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

RAJAN, RAJ T DR.  
5622 MARINE PARKWAY  
SUITE 16  
NEW PORT RICHEY FL 34652-4330

10. Name and Address of New Registered Agent

81 Name

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

4106 61st Avenue Terrau (W)

83

84 City BRADENTON

FL

85 Zip Code 34210

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME RAJAN, RAJ T DR.

STREET ADDRESS 5622 MARINE PARKWAY

CITY-ST-ZIP NEW PORT RICHEY FL 34652-4330

TITLE D ☒ DELETE

NAME RAO, M.B. DR.

STREET ADDRESS 5622 MARINE PARKWAY

CITY-ST-ZIP NEW PORT RICHEY FL 34652-4330

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4106 61st Avenue Terrau (W)  
BRADENTON FL 34210

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D PARTHASARATHY, T DR.  
4106 61st Avenue Terrau (W)  
BRADENTON FL 34210

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99

Date

Daytime Phone #

0493413

CR2E034 (11/98)