

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S77265** (4)

1. Corporation Name

**CLAYTON AUTO SALES, INC.**



Principal Place of Business

**3713 STATE ROAD 580  
OLDSMAR FL 34677**

Mailing Address

**3713 STATE ROAD 580  
OLDSMAR FL 34677**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CLAYTON, STANLEY R  
563 LONGWOOD CIRCLE  
OLDSMAR FL 34677**

3. Date Incorporated or Qualified  
**08/29/1991**

3a. Date of Last Report  
**02/13/1995**

4. FEI Number  
**59-3079948**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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

Signature to be typed for printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

**P  
CLAYTON, STANLEY R  
563 LONGWOOD CIRCLE  
OLDSMAR FL**

11.2 TITLE ☐ DELETE

**S  
CLAYTON, NANCY L  
563 LONGWOOD CIRCLE  
OLDSMAR FL**

11.3 TITLE ☐ DELETE

11.4 TITLE ☐ DELETE

11.5 TITLE ☐ DELETE

11.6 TITLE ☐ DELETE

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11.27 TITLE ☐ DELETE

11.28 TITLE ☐ DELETE

11.29 TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-ST-ZIP

13.29 TITLE ☐ Change ☐ Addition

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-ST-ZIP

13.33 TITLE ☐ Change ☐ Addition

13.34 NAME

13.35 STREET ADDRESS

13.36 CITY-ST-ZIP

SIGNATURE:

*Nancy L Clayton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Nancy L Clayton*

*2/16/96*  
DATE

*813-855-1216*  
Daytime Phone #

CR2E034 (12/95)