

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90278 035 ***150.00

0550842

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 855574

1. Corporation Name
CLARKE ENVIRONMENTAL MOSQUITO MANAGEMENT, INC.



Principal Place of Business
**159 N. GARDEN AVE
 PO BOX 72288
 ROSELLE IL 60172**

Mailing Address
**159 N. GARDEN AVE
 PO BOX 72288
 ROSELLE IL 60172**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 28 City & State
 29 Zip 30 Country

3. Date Incorporated or Qualified
02/17/1983

4. FEI Number
36-2391274

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
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, JOHN L.	1.2 NAME	CLARKE, JOHN L.
STREET ADDRESS	402 FAIRBANK RD	1.3 STREET ADDRESS	402 FAIRBANK RD.
CITY-ST-ZIP	RIVERSIDE IL	1.4 CITY-ST-ZIP	RIVERSIDE IL
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, CLARK	2.2 NAME	WOOD, CLARK
STREET ADDRESS	159 N. GARDEN	2.3 STREET ADDRESS	159 N. GARDEN
CITY-ST-ZIP	ROSELLE IL 60172	2.4 CITY-ST-ZIP	ROSELLE IL 60172
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TECSON, JOSEPH A	3.2 NAME	KANOUSE, FRANCES
STREET ADDRESS	225 W WASHINGTON #1300	3.3 STREET ADDRESS	159 N. GARDEN
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	ROSELLE IL 60172
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, MARY KEMP	4.2 NAME	CLARKE, MARY KEMP
STREET ADDRESS	402 FAIRBANKS RD.	4.3 STREET ADDRESS	402 FAIRBANKS RD.
CITY-ST-ZIP	RIVERSIDE IL	4.4 CITY-ST-ZIP	RIVERSIDE IL
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN L. CLARKE III	5.2 NAME	CLARKE, JOHN L III
STREET ADDRESS	159 N. GARDEN	5.3 STREET ADDRESS	159 N. GARDEN
CITY-ST-ZIP	ROSELLE IL	5.4 CITY-ST-ZIP	ROSELLE IL 60172
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: John L. Clarke III 3-2-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)