

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 # F16956

(7)

1. Corporation Name

STEVEN E. CLARK, C.P.A., P.A.



Principal Place of Business

**700 ELEVENTH STREET SOUTH, SUITE PH-3
NAPLES FL 33940**

Mailing Address

**700 ELEVENTH STREET SOUTH, SUITE PH-3
NAPLES FL 33940**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**CLARK, STEVEN E
700 ELEVENTH STREET SOUTH, SUITE PH-3
NAPLES FL 33940**

3. Date Incorporated or Qualified

01/23/1981

3a. Date of Last Report

01/27/1995

4. FEI Number

59-2058923

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 607.07(2) 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CLARK, STEVEN E	
STREET ADDRESS	700 ELEVENTH ST., S. PH3	
CITY-STATE-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D/PLV	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP	NAPLES FL 33940	☐ Change ☒ Addition
5. TITLE	ST	
6. NAME	GEORGE CLARK	
7. STREET ADDRESS	700 ELEVENTH ST. S. PH3	
8. CITY-STATE-ZIP	NAPLES FL 33940	☐ Change ☐ Addition
9. TITLE		
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		☐ Change ☐ Addition
13. TITLE		
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		☐ Change ☐ Addition
17. TITLE		
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN E. CLARK

1-17-96 (941) 261-8022

CR2E034 (12/95)