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**May 01 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 # H96153 (2)
1. Corporation Name
CLARFIELD CORPORATION



Principal Place of Business: **200 CENTRAL AVENUE BARNETT TOWER, 23RD FLOOR ST. PETERSBURG FL 33701 US**
Mailing Address: **200 CENTRAL AVENUE BARNETT TOWER, 23RD FLOOR ST. PETERSBURG FL 33701 US**

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified: **01/28/1986**
4. FEI Number: **59-2714048**
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
**ROY G. HARRELL, JR.
200 CENTRAL AVE
BARNETT TOWER, 23 FL
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
81 Name: **Steven C. Dupre**
82 Street Address (P.O. Box Number is Not Acceptable): **200 Central Avenue**
83 **Barnett Tower, 23 FL**
84 City: **St. Petersburg** **FL** 85 Zip Code: **33701**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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]* DATE: **4/23/98**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS
TITLE: DELETE
NAME: **DPS CLARFIELD, WILLIAM**
STREET ADDRESS: **625 AVE RD #1404**
CITY-ST-ZIP: **TORONTO ON**
TITLE: DELETE
NAME: **CLARFIELD, WILLIAM**
STREET ADDRESS: **625 AVE RD #1404**
CITY-ST-ZIP: **TORONTO ON**
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

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
2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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 its 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: *[Signature]* DATE: **4/98**

CR2E034 (10/97)