

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Walker
Secretary of State
Tallahassee, Florida 32399

FILED
SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS

95 MAY -1 PM 1:59

DOCUMENT # **J75411** (5)

CLARK & SARA PROPERTIES, INC.

1. Name of the Corporation CLARK & SARA PROPERTIES, INC.		2. Mailing Address * SARA J. PARKER PO BOX 120334 CLERMONT FL 34712-7334	
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3. Date the corporation is organized 06/01/1987	3a. Date of Last Report 04/28/1994
4. FIC Number 59-2816802	Acquired for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Director Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for exchange tax under S. 199(2)(b), Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Filing Office 21.	2a. Mailing Address 26.	22. State Agent 27.	23. City & State 28.	24. 34712-0334	25.	29. 34712-0334	30.
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9. Name and Address of Current Registered Agent PARKER, SARA J. 310 WOODLAND TRAIL LADY LAKE FL 32159-1365	10. Name and Address of New Registered Agent 01. Name 02. Street Address, P.O. Box Number or Mail Acceptance 03. 04. City
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11. This copy of the proceedings of the meeting of the board of directors of this corporation authorizes this statement for the purpose of changing the registered office of the corporation to the State of Florida. No change was authorized by the corporation's board of directors, officers, or agents if the appointment of registered agent is not authorized and except the change of the board of directors Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME PD PARKER, CLARK E. 310 WOODLAND TRAIL LADY LAKE FL	FIC # FIC NAME FIC STREET ADDRESS FIC CITY & STATE FIC ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STO PARKER, SARA J. 310 WOODLAND TRAIL LADY LAKE FL	FIC # FIC NAME FIC STREET ADDRESS FIC CITY & STATE FIC ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIC #	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME	FIC #	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and that I am qualified to qualify for the provisions stated in laws 1994, 1995, Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. This filing is effective as of the date of this certificate or the receipt of notice by registered agent or the date of filing of this report as required by applicable Florida Statutes, and that my name appears on this filing as if I had personally signed and filed the report as required by applicable Florida Statutes.

SIGNATURE: *Sara J. Parker* **Sara J. Parker** 5-18-95 904-753-9576

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