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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000046422 (9)

1. Corporation Name
CLC, INC.



Principal Place of Business
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

Mailing Address
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256-6842

3. Date Incorporated or Qualified: 06/21/1994
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business
21 4306 Pablo Oaks Ct
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 16469
Suite, Apt. #, etc.

4. FEI Number: 59-3261535
Applied For: Not Applicable

22 City & State: Jacksonville FL

27 City & State: Jacksonville

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Zip: 32224 Country: FL

28 Zip: FL Country: FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Signature: [Handwritten Signature]

29 Signature: [Handwritten Signature]

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COGGIN, LUTHER W
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4306 Pablo Oaks Court
83
84 City: Jacksonville FL 85 Zip Code: 32224

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: [Handwritten Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGIN, LUTHER W	1.2 NAME	
STREET ADDRESS	7400 BAYMEADOWS WAY, STE. 200	1.3 STREET ADDRESS	4306 Pablo Oaks Court
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGIN, BLANCHE B	2.2 NAME	
STREET ADDRESS	7400 BAYMEADOWS WAY, STE. 200	2.3 STREET ADDRESS	4306 Pablo Oaks Court
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMM, C. B.	3.2 NAME	
STREET ADDRESS	7400 BAYMEADOW WAY, STE., 200	3.3 STREET ADDRESS	4306 Pablo Oaks Ct
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, WILMA S	4.2 NAME	
STREET ADDRESS	% 7400 BAYMEADOWS WAY, STE. 200	4.3 STREET ADDRESS	4306 Pablo Oaks Ct
CITY-ST-ZIP	JACKSONVILLE FL 32256	4.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, NANCY D	5.2 NAME	
STREET ADDRESS	7400 BAYMEADOWS WAY SUITE 200	5.3 STREET ADDRESS	4306 Pablo Oaks Ct
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	TS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLETTE, LINDA	6.2 NAME	
STREET ADDRESS	7400 BAY MEADOWS WAY SUITE 200	6.3 STREET ADDRESS	4306 Pablo Oaks Ct.
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville FL 32224

14. I do 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.

SIGNATURE: [Handwritten Signature] Sec. 1-10-97 904-992-4110
DATE: 1-10-97 DAYTIME PHONE: 904-992-4110

CR2E034 (9/96)