

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000046422 (9)
 1. Corporation Name
CLC, INC.



Principal Place of Business 4306 PABLO OAKS COURT JACKSONVILLE FL 32224 US	Mailing Address P.O. BOX 16469 JACKSONVILLE FL 32224 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 06/21/1994	
4. FEI Number 59-3261535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COGGIN, LUTHER W
 4306 PALBO OAKS COURT
 JACKSONVILLE FL 32224**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	PD COGGIN, LUTHER W	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	COGGIN, LUTHER W		1.2 NAME
STREET ADDRESS	4306 PABLO OAKS COURT		1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP
TITLE	VD COGGIN, BLANCHE B	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	COGGIN, BLANCHE B		2.2 NAME
STREET ADDRESS	4306 PALBO OAKS COURT		2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP
TITLE	VD TOMM, C. B.	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	TOMM, C. B.		3.2 NAME
STREET ADDRESS	4306 PALBO OAKS COURT		3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP
TITLE	S GALLAGHER, WILMA S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	GALLAGHER, WILMA S		4.2 NAME
STREET ADDRESS	4306 PABLO OAKS COURT		4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP
TITLE	VD NOBLE, NANCY D	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	NOBLE, NANCY D		5.2 NAME
STREET ADDRESS	4306 PABLO OAKS COURT		5.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP
TITLE	TS MARLETTE, LINDA	<input type="checkbox"/> DELETE	6.1 TITLE
NAME	MARLETTE, LINDA		6.2 NAME
STREET ADDRESS	4306 PABLO COURT		6.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP

1.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Linda L. Marlette Linda L. Marlette 5-8-98 904-992-4110*

CR2E034 (10/97)