


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 226107 1. Entity Name CLARK CORPORATION	
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Principal Place of Business 200 HARTMAN RD FT. PIERCE, FL 34947	Mailing Address 200 HARTMAN RD FT. PIERCE, FL 34947
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02012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0877161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLARK, JO ANN 200 HARTMAN RD FORT PIERCE, FL 34947

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000121871
04/21/04-80005-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, JO ANN 200 HARTMAN RD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, GEORGE W JR. 200 HARTMAN RD FT PIERCE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LLANAS, KAREN S 1606 FLORIDA AVE. FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, SR, GEORGE W 200 HARTMAN RD FT. PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANN CLARK *Jo Ann Clark* **4-18-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #