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May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 232030

(7)

1. Corporation Name

D.G. CLARK COMPANY

Principal Place of Business

8001 EVANS AVENUE  
FT MYERS FL 33901

NEW

Mailing Address

8001 EVANS AVENUE  
FT MYERS FL 33901-1400

NEW



2. Principal Place of Business

21 3205 HANSON ST.

Suite, Apt. #, etc.

22

City & State

23 FORT MYERS FL

Zip

24 33916

Country

2a. Mailing Address

26 3205 HANSON ST.

Suite, Apt. #, etc.

27

City & State

28 FORT MYERS FL

Zip

29 33916

Country

30

3. Date Incorporated or Qualified

01/11/1960

3a. Date of Last Report

06/18/1996

4. FEI Number

59-0870352

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, DOUG G  
3091 EVANS AVE  
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

D.G. CLARK

82 Street Address (P.O. Box Number is Not Acceptable)

3205 HANSON ST

83

84 City

FT MYERS

FL

85

33916

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

D.G. CLARK

4/23/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MORTON, SANDRA CLARK

STREET ADDRESS 101 TIMBERIDGE RD

CITY- ST- ZIP NEWTOWN PA 18940-2807

TITLE ☒ DELETE

NAME KOBY, FLORENCE H

STREET ADDRESS 1700 3RD AVE W #319

CITY- ST- ZIP BRADENTON FL

TITLE ☐ DELETE

NAME CLARK, D G

STREET ADDRESS 3091 EVANS AVENUE

CITY- ST- ZIP FT MYERS FL

TITLE ☐ DELETE

NAME VP

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

NAME SECRETARY

2.2 NAME A. JEAN TOUT

2.3 STREET ADDRESS 2875 PALM BEACH BLVD

2.4 CITY- ST- ZIP FT MYERS FL 33916

3.1 TITLE ☒ Change ☐ Addition

NAME CLARK, D.G.

3.2 NAME 3205 HANSON ST

3.3 STREET ADDRESS FT MYERS FL 33916

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☒ Addition

NAME THOMAS B. MAGER

4.2 NAME 18060 SLATER ROAD

4.3 STREET ADDRESS N. FT MYERS FL 33917

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 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:

*[Signature]* REQUIRE PRES.

4/23/97 941-332-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

0395800

CP2E034 (9/96)