

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 APR 27 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **393748** (9)
1. Corporation Name
CLARK SALES AND RENTALS, INC.

Principal Place of Business Mailing Address
NORTH ERHMANN STREET NORTH ERHMANN STREET
P.O. BOX #4267 P.O. BOX #4267
PENSACOLA FL 32507 PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/11/1972** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1377561** 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Locality Zip Locality
24 25 29 30

9. Name and Address of Current Registered Agent
CLARK, J. R.
N. EHRMANN STREET
PENSACOLA FL 32507

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (Signature) _____ (Printed Name of Registered Agent) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK J R	1.2 NAME	
STREET ADDRESS	N EHRMANN ST	1.3 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	1.4 CITY ST ZIP	
TITLE	STVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK CONNIE	2.2 NAME	
STREET ADDRESS	N EHRMANN ST	2.3 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	2.4 CITY ST ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACBETH BLAIR	3.2 NAME	
STREET ADDRESS	N EHRMANN ST	3.3 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of this report. An attachment with an address _____

SIGNATURE: *[Signature]* *[Signature]* **04/24/95** **9044552274**
NON-TYPED NAME OF SIGNING OFFICER OR DIRECTOR