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

CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

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Zip

新聞記記記 Y 野野町 東地區 医骨骨部 医耳角性皮炎 医上角性医炎性纤维素 医多种毒素 的复数

DOCUMENT # 402991

Country

(4)

CLARK, LAWLER, WREN, AND BROWN ASSOCIATES, INCOR PORATED

Principal Place of Business 1225 HENDRICKS AVEN. JACKSONVILLE FL 32207

2. Principal Place of Business

Suite, Apt. #, etc

SIGNATURE:

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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1225 HENDRICKS AVEN JACKSONVILLE FL 32207-8618

FILED Apr 24 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

04/26/1996

904396-1121

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/13/1972

59-1591433

4. FEI Number

Zip	Country	Zip	Co.	Country		8. This corporation has fiability for intangible tax under s. 199.032.		
24	25	29	30			Florida Statutes		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
CLARK, LARRY K.					Name			
4313 SAVANNAH AVE.				82	12 Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32210				5treet Address (P.O. Box Number is Not Acceptable)				
SACROCITALETE OSSIO				83				
ý,				<u> </u>				
						85 Zip Code		
office or re	to the provisions of Sections 607.0502 egistered agont, or both, in the State o m familiar with, and accopt the obligat	f Florida. Such change was a	authorize	d by ti	named d ne corpo	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
SIGNATURE				,				
	Signature, typod or printed name of registered agent			d Agent	signature re	quired when re-installing) DATE		
12.	OFFICERS AND	DELCTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TALE	P CLADY LABOV K	C) DETER	1,1 1			Change Addition		
NAME	CLARK, LARRY K		1.2 N		1			
STREET ADDRESS	4313 SAVANNAH AVE		138	TREFT AC	DRESS			
CITY-ST-ZIP	JACKSONVILLE FL	-,		IIY-SI-	ZIP			
TITLE	VS	DELETE	2.1 1			Change Addition		
NAME (BROWN, OLIVER C III		2.2 N	AME	1			
STREET ADDRESS	5037 LOFTY PINES CR.		2.3 \$	TREET AC	DRESS	,		
CITY-ST-ZIP	JACKSONVILLE FL		2.40	HY-ST-	ZIP			
TITLE	ST	☐ DELETE	3 1 T	TLF	-	Change Addition		
NAME	WREN, WILLIAM A, JR		3.2 N	AME	l l			
STREET ADDRESS	3807 JULINGTON CREEK RD		335	TREET AD	DRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4.0	3.4. C(1Y - S1 - Z(P				
TITLE	D	☐ DELETE	4.1 7	4.1 TITLE		☐ Change ☐ Addition		
NAME	LAWLER, CURRY M JR		4 2 N	4 2 NAME				
STREET ADDRESS	1011 CANTERBURY LANE		4.3 S	4.3 STREET ADE				
CITY-ST-ZIP	KELLER TX		4.4 C	11Y - \$1 - 2	ZIP			
TITLE		DELETE	5 1 11	1LF		Change Addition		
NAME			5.2 N	AMÉ]			
STREET ADDRESS			5.3 S	TREET AD	DRESS			
CITY-ST-ZIP			5.4 C	(TY - S1 -)	ZIP			
TITLE		DELETE	6.1 TI	6.1 TITLE		Change Addition		
NAME			62 N	62 NAME				
STREET ADDRESS			6.3 S	TREET AD	DRESS			
CITY-ST-ZIP			1	17 · ST - 2	1			
14. I do heret	by certify that the information supplied	with this filing does not quali	fy for the	exem	otion sta	ed in Section 119.07(3)(i), Florida Statutes, I further certify that the		
informatio I am an oi	in indicated on this annual report or su	optemental annual report is t le réceiver or trustée empow	rue and a rered to e	accura	ite and ti	nat my signature shall have the same legal effect as if made under oath; that bort as required by Chapter 607, Florida Statutes: and that my name		

Country