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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 484753
1. Corporation Name
CLARK SCREEN-N-CLOSURES, INC.

(9)

FILED
May 02 1997 8:00am
Secretary of State

Principal Place o	IK ROAD	Mailing Address 1902 BARTON PARK ROAD SUITE 204								
AUBURNDALE FL S		AUBURNUALE FL	AUBURNDALE FL 33823-3941			3. Date Incorporated or Qualified				
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		Applied Fo	or	
21		26				59-1642920	Not Applica	able		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	al	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip <b>24</b>	Country 25	<b>Z</b> ip <b>29</b>	30 Co	untry		8. This corporation has liability for in Florida Statutes		tax under s. 199.032 No	2,	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
CLARK, HAROLD 1902 BARTON PARK RD. SUITE 204 AUBURNDALE FL 33823				81 82 83	Street Address (P.O. Box Number is Not Acceptable)					
AUDURI	MUNICITE 00020			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	Signature typed or printed name of registered agent and title if ap-	· · · · · ·				
12,	Signature typod or printed name of registered agent and title if ap OFFICERS AND DIRECTO		Registéred Agent signature requ			
		TILL	13.	ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE	PD CLARK MAROUR	DITETE	1,1 1(TLE	L.J	Change	Addition
NAME	CLARK, HAROLD		1.2 NAME			
STREET ADDRESS	1902 BARTON PARK RD. 204		1.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY - ST - 7IP			
TITLE	VD	☐ DELETE	2 1 1IILE		Change	Addition
NAME .	CLARK, HAROLD JR.		2 2 NAME			Ī
STREET ADDRESS	342 ECHO PINES WAY		2 3 STREET AUDRESS			
CITY-ST-ZIP	LAKELAND FL		2. <b> </b>			
TITLE	ST	DELETE	3.1 HILE		Change	Addition
NAME	CLARK, LARRY		3.2 NAME			
STREET ADDRESS	6320 SUNNY WAY DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		3.4. C(1) Y - ST - Z(P			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 C(1) Y - ST - Z(P			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6 1 TITLE		Change	Addition
NAME	  -		62 NAME			
STREET ADDRESS	•		63 STREET ADDRESS			
CITY-ST-ZIP			64 CHY-ST-ZIP	od in Paction 110 07/9VI). Florida Platidos I fugliar as		

1 00 nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual roport 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: HAROLOTO POLICE

Hund R M. 1 41961