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Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 484753 (9)

1. Corporation Name
CLARK SCREEN-N-CLOSURES, INC.

Principal Place of Business	Mailing Address
1902 BARTON PARK ROAD SUITE 204 AUBURNDALE FL 33823-3941	1902 BARTON PARK ROAD SUITE 204 AUBURNDALE FL 33823-3941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1975

2. Principal Place of Business	2a. Mailing Address
21 3090 WINTERLAKE Rd	26 3090 WINTERLAKE Rd
22 Suite, Apt. #, etc. LAKELAND, FL	27 Suite, Apt. #, etc.
23 City & State B	28 City & State LAKELAND, FL
24 Zip 33803 25 Country	29 Zip 33803 30 Country

4. FEI Number: 59-1642920 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 Name CLARK, HAROLD 82 Street Address (P.O. Box Number is Not Acceptable) 3090 WINTERLAKE RD 83 84 City LAKELAND FL 85 Zip Code 33803

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 HAROLD R CLARK Harold R. Clark 4/8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	CLARK, HAROLD		1.2 NAME	CLARK, HAROLD R	
STREET ADDRESS	1902 BARTON PARK RD. 204		1.3 STREET ADDRESS	3090 WINTERLAKE Rd	
CITY-ST-ZIP	AUBURNDALE FL 33823		1.4 CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, HAROLD JR.		2.2 NAME		
STREET ADDRESS	342 ECHO PINES WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ 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 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: Harold R Clark Harold R. Clark 4/8/98