

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 05, 1999 8:00am**  
**Secretary of State**

02-05-1999 90002 015 \*\*\*\*\*150.00

DOCUMENT # **485086**

Corporation Name  
**CLARK CONSTRUCTION CORPORATION OF FLORIDA**

Principal Place of Business  
**DURNESSE COURT  
PALM BEACH GARDENS FL 33418**

Mailing Address  
**2 DURNESSE COURT  
PALM BEACH GARDENS FL 33418**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

3. Date Incorporated or Qualified

**09/26/1975**

4. FEI Number

**59-1631799**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CLARK, BARRY A.  
2 DURNESSE CT.  
PALM BCH GDNS. FL 33418**

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

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P</b> <b>CLARK, BARRY</b> <b>2 DURNESSE CT.</b> <b>PALM BCH GDNS. FL</b>	<input type="checkbox"/>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
<b>STD</b> <b>CLARK, JANET</b> <b>2 DURNESSE CT.</b> <b>PALM BCH GDNS. FL</b>	<input type="checkbox"/>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
<b>D</b> <b>CLARK, KIMBERLY D.</b> <b>2 DURNESSE CT.</b> <b>PALM BCH GDNS. FL</b>	<input type="checkbox"/>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
<b>D</b> <b>CLARK, BARRY J.</b> <b>2 DURNESSE CT.</b> <b>PALM BCH GDNS. FL</b>	<input type="checkbox"/>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
	<input type="checkbox"/>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
	<input type="checkbox"/>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/99**  
Date

**561 622 0156**  
Daytime Phone #

CR2E034 (11/98)