

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90082 025 ***150.00

DOCUMENT # 497927

1. Corporation Name
CHARLES M. CLARK, INC.

Principal Place of Business

410 NORTH STREET
SUITE 162
LONGWOOD FL 32750
US

Mailing Address

410 NORTH STREET
SUITE 162
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1976

4. FEI Number

59-1652056

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

CLARK, CHARLES M. JR.
8613 PISA DRIVE
APT #1332
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name ADDRESS CHANGE ONLY

82 Street Address (P.O. Box Number is Not Acceptable)
1330 AGUSTA NATIONAL BLVD.

83

84 WINTER SPRINGS

FL

85 Zip Code
32708

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE
NAME CLARK, CHARLES M JR
STREET ADDRESS 8613 PISA DRIVE, APT #1332
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ DELETE
NAME CLINGER, TONI L.
STREET ADDRESS 111 PINEAPPLE COURT
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1330 AGUSTA NATIONAL BLVD.
1.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ZIP 32750

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME ROBERT C. AMANN
3.3 STREET ADDRESS 3001 SURF DRIVE
3.4 CITY-ST-ZIP DELTONA, FL 31738

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES M. CLARK, JR. 2/5/99 407/331-0055

Date

Daytime Phone #

CR2E034 (1/98)