FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
[illegible]

APPROVED
AND
FILED

[illegible] 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **539624** **(7)**

1. Corporation Name
CLARK WIERHAKE, INC.

Principal Place of Business	Mailing Address
3129-D TAMIAMI TRAIL PORT CHARLOTTE FL 33952	3129-D TAMIAMI TRAIL PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1977	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1753722	☐ 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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALKER, RICK 3129-D TAMIAMI TRAIL PORT CHARLOTTE FL 33952	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 [illegible] DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WALKER, RICK
STREET ADDRESS	35200 BERMONT RD
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	ST
NAME	WIERHAKE, STEPHEN
STREET ADDRESS	26450 ASUNCION DR.
CITY-ST-ZIP	PT CHARLOTTE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1) TITLE	☐ Change ☐ Addition
1) NAME	
1) STREET ADDRESS	
1) CITY-ST-ZIP	
2) TITLE	☐ Change ☐ Addition
2) NAME	
2) STREET ADDRESS	
2) CITY-ST-ZIP	
3) TITLE	☐ Change ☐ Addition
3) NAME	
3) STREET ADDRESS	
3) CITY-ST-ZIP	
4) TITLE	☐ Change ☐ Addition
4) NAME	
4) STREET ADDRESS	
4) CITY-ST-ZIP	
5) TITLE	☐ Change ☐ Addition
5) NAME	
5) STREET ADDRESS	
5) CITY-ST-ZIP	
6) TITLE	☐ Change ☐ Addition
6) NAME	
6) STREET ADDRESS	
6) CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: STEPHEN R. WIERHAKE 4/27/95 8136293771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0320683 CP