

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:40

DOCUMENT # 604801

(1)

1. Corporation Name

CLARK, JOHN T., CHARTERED FORESTERS

Principal Place of Business

RT. 4, BOX 1223
P.O. BOX 650
QUINCY FL 32351

Mailing Address

RT. 4, BOX 1223
P.O. BOX 650
QUINCY FL 32351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/05/1973

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1499354

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, JOHN T.
936 SOUTH CLEVELAND STREET
QUINCY FL 32351

10. Name and Address of New Registered Agent

81

Name

DELORES R. SPOONER

82

Street Address (P.O. Box Number is Not Acceptable)

HWY 90 WEST

83

84

City

QUINCY

FL

85

Zip Code

32351

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

Delores R. Spooner

DELORES R. SPOONER, SEC.-TREAS.

4-11-95

(Signature, typed or printed name of registered agent and title of corporation)

(NOTE: Registered Agent signature required when terminating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PD
CLARK, JOHN T.
936 S. CLEVELAND STREET
QUINCY FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

ST
SPOONER, DELORES R.
HWY 90 WEST
QUINCY FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

V
KINNEY, NORM
993 S UNION
OZARK AL

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

DECEASED

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

PRESIDENT

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change

☐ Addition

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 110.07(3)(b), 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:

Delores R. Spooner

DELORES R. SPOONER

4-11-95

904/875-4747

(Signature and typed or printed name of signing officer or director)

SEC.-TREAS.

(Date)

(Telephone Number)