FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 5-1-96 B 5287 C

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

DOCUMENT # 687478 (8)

1. Corporation Name
TURSE-CLARKE, INCORPORATED

Principal Place of Business
287 PK AVE
LONGWOOD FL 32750

Mailing Address
287 PK AVE
LONGWOOD FL 32750

3. Date Incorporated or Qualified: 09/10/1980
3a. Last Report: 07/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2016529 — 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
CLARKE, ROBERT J.
287 PARK AVE.
LONGWOOD FL ~~32375~~ 32750

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 32750

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 not stating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTS	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CLARKE, ROBERT		1.2 NAME		
STREET ADDRESS	401 RADEBAUGH		1.3 STREET ADDRESS	272 Churchill Dr.	
CITY-ST-ZIP	LONGWOOD, FL 00000		1.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TURSE, J J JR		2.2 NAME		
STREET ADDRESS	134 S LEON AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	Raymond Smith		3.2 NAME	Raymond Smith	
STREET ADDRESS	1232 N.E. 8th St		3.3 STREET ADDRESS	1232 N.E. 8th St	
CITY-ST-ZIP	Miami, FL 33138		3.4 CITY-ST-ZIP	Miami, Fl 33138	
TITLE		☐ DELETE	4.1 TITLE	~~Kay E. Clarke~~	☐ 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	Secretary/TREASURE	☐ Change ☒ Addition
NAME			5.2 NAME	Kay E. Clarke	
STREET ADDRESS			5.3 STREET ADDRESS	272 Churchill Dr	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Longwood, Fl 32779	
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 (12/95)

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(3)(k), 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: Robert J. Clarke — Robert J. Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 407-339-4660 Daytime Phone #