

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  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90036 043 \*\*\*150.00

DOCUMENT # 687478

1. Corporation Name  
TURSE-CLARKE, INCORPORATED

Principal Place of Business

~~287 PK AVE.~~  
~~LONGWOOD FL 32750~~

Mailing Address

~~287 PK AVE~~  
~~LONGWOOD FL 32750~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1980

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

2. Principal Place of Business

21 272 Church Hill DRIVE

Suite, Apt. #, etc.

22

City & State

23 LONGWOOD, FL

Zip

24 32779

Country

25 SEMINOLE

2a. Mailing Address

26 P.O. Box 916310

Suite, Apt. #, etc.

27

City & State

28 LONGWOOD, FL

Zip

29 32791-6310

Country

30 SEMINOLE

9. Name and Address of Current Registered Agent

CLARKE, ROBERT J.

~~287 PARK AVE.~~

~~LONGWOOD FL 32375~~

10. Name and Address of New Registered Agent

81 Name

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

83 272 Church Hill DRIVE

84 City

LONGWOOD

FL

85 Zip Code

32779

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

*Robert J. Clarke*  
Signature typed or printed name of registered agent and title if applicable.

Robert J. Clarke  
(NOTE: Registered Agent signature required when reinstating)

4/1/99  
DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
CLARKE, ROBERT  
STREET ADDRESS 272 CHURCHILL DR  
CITY-ST-ZIP LONGWOOD, FL 00000

TITLE ☐ DELETE

NAME ST  
KAY E. CLARKE  
STREET ADDRESS 272 CHURCHILL DR  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

*Robert J. Clarke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 402-862-8308

CR2E034 (11/98)