

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 05 1997 8:00am
Secretary of State

DOCUMENT # 840254 (7)

1. Corporation Name
C. & J. CLARK RETAIL, INC.

Principal Place of Business
520 S. BROAD ST.
KENNETT SQUARE PA 19348

Mailing Address
520 S. BROAD ST.
KENNETT SQUARE PA 19348-3366



3. Date Incorporated or Qualified 03/21/1978
3a. Date of Last Report 04/24/1996

4. FEI Number 23-2051239
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

2. Principal Place of Business
21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address
26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TAS	<input type="checkbox"/> DELETE
NAME	BALSINGER, C. W.	
STREET ADDRESS	235 DOUGLASS DR.	
CITY-ST-ZIP	DOUGLASSVILLE PA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	N. G. FULLER	
STREET ADDRESS	101 MARLBOROUGH WAY	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	DPFS	<input type="checkbox"/> DELETE
NAME	SALZANO, J.R.	
STREET ADDRESS	520 S BROAD ST	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	CAS	<input type="checkbox"/> DELETE
NAME	K. J. MCCARTHY	
STREET ADDRESS	79 W. ESSEX AVE.	
CITY-ST-ZIP	LANSLOWNE PA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, G.	
STREET ADDRESS	520 S BROAD ST	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	17 HIGHGROFT WAY
2.4 CITY-ST-ZIP	HOPKINTON, MA 01748
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	INFANTINO, R.J.
6.4 CITY-ST-ZIP	121 WINDSOR ROAD WABAN, MA 02168

14. I do 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.

SIGNATURE: *[Signature]* TREASURER 4/23/97 (610) 444-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)