

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 20, 1999 8:00 am  
Secretary of State

04-20-1999 90201 023 \*\*\*150.00

DOCUMENT # 840254

1. Corporation Name

C. & J. CLARK RETAIL, INC.



Principal Place of Business

600 S BROAD ST  
KENNETT SQUARE PA 19348  
US

Mailing Address

600 S BROAD ST  
KENNETT SQUARE PA 19348  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1978

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME PARKER, T  
STREET ADDRESS 600 S BROAD ST  
CITY-ST-ZIP KENNETT SQUARE PA 19348

TITLE DP ☐ DELETE  
NAME N. G. FULLER  
STREET ADDRESS 17 HIGHGROFT WAY  
CITY-ST-ZIP HOPKINTON MA

TITLE DVS ☐ DELETE  
NAME SALZANO, J.R.  
STREET ADDRESS 520 CHARLESBANK RD  
CITY-ST-ZIP NEWTON MA 02158

TITLE S ☒ DELETE  
NAME K. J. MCCARTHY  
STREET ADDRESS 62 PAUL LANE  
CITY-ST-ZIP GLEN MILLS PA 19342

TITLE D ☐ DELETE  
NAME INFANTINO, R.J.  
STREET ADDRESS 121 WINDSOR RD  
CITY-ST-ZIP WABAN MA

TITLE S ☐ DELETE  
NAME DAVID P GETTS  
STREET ADDRESS 455 SHADY LN  
CITY-ST-ZIP HUNTINGDON VALLEY PA 19006

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 RICHARD ARCHER  
4.3 STREET ADDRESS 10 CARRIAGE HOUSE WAY  
4.4 CITY-ST-ZIP MEDWAY, MA 02053

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

(610) 925-1780

Daytime Phone #

CR2E034 (11/98)