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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847450

Country

9. Name and Address of Current Registered Agent

25

(4)

Mailing Address

3016 SYLVESTER ROAD

ALBANY GA 31705-6400

2a. Mailing Address

City & State

Zipi

27

29

Suite, Apt. #, etc.

CLARKLIFT SOUTH, INC.

Principal Place of Business

2. Principal Place of Business

SMITH, LEO JR 3445 SE 45TH ST.

OCALA FL 34480

Suite, Apt. #, etc.

City & State

22

23

24

Zπ

3016 SYLVESTER ROAD

ALBANY GA 31705

Feb 24 1997 8:00am Secretary of State 3. Date Incorporated or Qualified 3a. Date of Last Report 11/10/1980 04/19/1996 4. FEI Number Applied For 59-1260346 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No Florida Statutes 30 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)Change Addition 11 TITLE 12 NAME **CR2E034** 13 STHEET ADDRESS 1.4 CITY-ST-ZIP Change Addition 21 TITLE 22 NAME

FILED

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. Segret to the procedure extension and interespending and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 DELETE $\mathsf{TH}_{\mathcal{A}}\mathsf{F}$ RENNER, L. EUGENE NAM 3004 STATON DR STREET ADDRESS ALBANY GA 31705 DELETE THEF DAVIDSON, EARL R. NAM 249 W. DOUBLEGATE DR. 2.3 STREET ADDRESS STREET ADDRESS ALBANY GA 31707 2 4 CITY - ST - ZIP CHY-ST Ziff DELETE Change Addition 3.1 TITLE Table RENNER, BEVERLY 3.2 NAME NAME 3004 STATON DR 3.3 STREET ADDRESS STREET ALFURESS ALBANY GA 31705 3.4. CITY- ST - ZIP CITY-ST ZIF Change Addition AS DELETE 4.1 TITLE THE DAVIDSON, LINDA 4.2 NAME NAME 249 W. DOUBLEGATE DR. STREET ADDRESS 4.3 STREET ADDRESS ALBANY GA 31707 4.4 CITY - ST - ZIP 017:51 216 DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP Ccty - St - ZIP DELETE Change Addition 61 TITLE THE 6.2 NAME NAMo 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

14. If do hereby cord by 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 entired report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an other 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 33 if charged, of oil an attachment with an address.

SIGNATURE: 4

WILL SOUTH - EARL R. DAVIUSON
SKINATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-18-97

9/2 435 8745

tima Phone #