

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

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F47243 (3)**

1. Corporation Name  
**THE COY A. CLARK COMPANY**



Principal Place of Business <b>8005-KINGSWOOD-WAY MELBOURNE-FL-32940 US</b>	Mailing Address <b>8005-KINGSWOOD-WAY MELBOURNE-FL-32940-2140 US</b>
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2. Principal Place of Business 21 <b>575 S. WICKHAM ROAD</b> Suite, Apt. #, etc. 22 <b>SUITE E</b> City & State 23 <b>WEST MELBOURNE, FL</b> Zip 24 <b>32904</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>575 S. WICKHAM ROAD</b> Suite, Apt. #, etc. 27 <b>SUITE E</b> City & State 28 <b>WEST MELBOURNE FL</b> Zip 29 <b>32904</b> Country 30 <b>USA</b>	3. Date Incorporated or Qualified <b>10/05/1981</b>	3a. Date of Last Report <b>04/25/1996</b>	4. FEI Number <b>59-2128277</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CLARK COY A. 8005-KINGSWOOD-WAY MELBOURNE-FL-32940</b>				10. Name and Address of New Registered Agent			
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>575 S WICKHAM ROAD, STE E</b>			83	84 City <b>WEST MELBOURNE FL</b>		85 Zip Code <b>32904</b>

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: *Coy A. Clark* DATE: **4/18/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, COY A.	1.2 NAME	
STREET ADDRESS	8005-KINGSWOOD-WAY	1.3 STREET ADDRESS	<b>575 S. WICKHAM ROAD, STE E</b>
CITY-ST-ZIP	MELBOURNE-FL	1.4 CITY-ST-ZIP	<b>WEST MELBOURNE FL 32904</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Coy A. Clark* **REQUIRED** DATE: **4/18/97** DAYTIME PHONE #: **407-723-9888**

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