

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F72579

(8)

1. Corporation Name

DONALD K. CLARK, INC.

Principal Place of Business

104 E FOWLER AVE
STE 210
TAMPA FL 33612
US

Mailing Address

P.O. BOX 340617
TAMPA FL 33694
US



2. Principal Place of Business

2a. Mailing Address

21 14033 N. Dale Mabry

26 P.O. Box 340617

Subj. Apt. #, etc.

Subj. Apt. #, etc.

22

27

City & State

City & State

23 Tampa, FL 33618

28 Tampa, FL 33694

Zip Country

Zip Country

24 33618

29 33694

9. Name and Address of Current Registered Agent

CLARK, DONALD K
13613 TWINLAKES LN
TAMPA FL 33624

3. Date Incorporated or Qualified

03/18/1982

3a. Date of Last Report

05/01/1995

4. FEIN Number

59-2182462

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

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, I, the above named corporation, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. This 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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
CLARK, DONALD K
STREET ADDRESS 13613 TWINLAKES LN
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person or persons 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:

Donald K. Clark

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Donald K. Clark

4/8/96

813-968-8226

CR2E034 (12/95)