

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 90169 026 \*\*\*150.00

DOCUMENT # F97000001522

1. Corporation Name

CLARK CRYSTAL RIVER AUTO REPAIR INC.

Principal Place of Business

806 N.E. HWY 19  
CRYSTAL RIVER FL 34429

Mailing Address

806 N.E. HWY 19  
CRYSTAL RIVER FL 34429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

NOT APPLICABLE

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

21 800 S.E. HWY 19

Suite, Apt. #, etc.

22 FL

23 CRYSTAL RIVER CITRUS

Zip Country

24 34429

2a. Mailing Address

26 800 S.E. HWY 19

Suite, Apt. #, etc.

27 FL

28 CRYSTAL RIVER FL CITRUS

Zip Country

29 34429

9. Name and Address of Current Registered Agent

CLARK, ROGER H  
806 NE HWY 19  
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name JOHN E. CLARK

82 Street Address (P.O. Box Number is Not Acceptable)  
800 S.E. HWY

83

84 City CRYSTAL RIVER FL 85 Zip Code 34429

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

4-16-99

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME CLARK, JOHN E  
STREET ADDRESS 10 DELLA CT  
CITY-ST-ZIP BEVERLY HILLS FL

TITLE VSD ☒ DELETE

NAME CLARK, ROGER H  
STREET ADDRESS 6031 W CARUSO CT  
CITY-ST-ZIP DUNNELLON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 VSD  
LILLIAN F. CLARK  
10 DELLA CT.  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP BEVERLY HILLS FL 34465

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  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99

352 564 8936

CR2E034 (11/98)

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