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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1997		DIVISION OF CORPORATIONS				_]					
DOCUMENT # G42953 (1) CLARK'S LANDING, INC.								4 1241111 4811 81618 1/616 1/616	B J H J1 B J H J1	INII AINII AFRI	2:2:1 (B0)	
Principal Place of Business 7815 BAYVIEW AVE \$ DAYID H. CLARK. JR. PORT RICHEY FL 34668		7915 % DA	Mailing Address 7915 BAYVIEW AVE % DAVID H. CLARK. JR. PORT RICHEY FL 34698-6347				Date Incorporated or Qualified					
							}	06/09/1983	1	05/1996	оры	
2. Principal F	Place of Business	├- ,	2a. Mailing Address					4. FEI Number			oplied For]
Suite, Apt.	#, etc.		26					59-2319393		\$8.75	ot Applicable Additional	1
22	······································	27						Certificate of Status Desired			equired	_
City & Stat	Ð	28 C	ity & State				- [Election Campaign Financing Trust Fund Contribution	\Box		May Be to Fees	ţ
Zip	Country		ip	Cou	intry			8. This corporation has liability for				1
24	9. Name and Address	29	and Amount	30				Florida Statutes	Yes [] No		
CLA	RK, DAVID H., JR.	s of Coffett Register	ed Agent		81	Name		10. Name and Address of New Re	gistered i	Agent		1
	BAYVIEW AVENUE				82	Street A	ddress	(P.O. Box Number is Not Acceptal	\la\			1
POF	RT RICHEY FL 34668							(.o. box romoor is not noceptal				
					83							
					84	City			FL	85 Zip (Code	1
11. Pursuant	to the provisions of Section	ons 607.0502 and 607	1508, Florida Statu	ites, the a	bove bove	e-named o	corpore	ation submits this statement for the t 's board of directors. I hereby acce		changing it	s registered	1
agent. I s	ım familiar with, and accep	pt the obligations of, S	Section 607.0505, F	lorida Sta	tutos	i i i i i i i i i i i i i i i i i i i	Oration	s board or directors. Thereby acce	л ине арр	omunem as	registereo	
SIGNATURE	Signature, typed or printed name o	f registered agent and title if a	ppticable. (NO	11 : Registere	d Age	nt signature ro	equired y	Aion reinstating)	DATE		·	
12,	OFF	FICERS AND DIRECTO	ORS	13.				ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12	18
TITLE	PD DAME I	,	DELETE	1.1 11		{				Change	Addition	15
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CITY-ST-ZIP	PORT RICHEY FL	101				ADDRESS						Į,
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NAME	l		_	2.2 N		1				LLJ GILLINGS		
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STREET ADORESS				1		ADDRESS						
CITY-ST-Z#P					[Y-S]	1-ZIP						
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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.

GNATURE:

David H. Clark, Jr. 4/25/97 (813)849-4525

FILED

May 08 1997 8:00am

Secretary of State