

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90049 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G50577**

1. Corporation Name
CLARA'S, INC.

Principal Place of Business Mailing Address
 1533 S. COMBEE RD 1533 S. COMBEE RD
 LAKELAND FL 33801 LAKELAND FL 33801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/22/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2324601	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 25		29 30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> <input checked="" type="checkbox"/>	
				8. This corporation owes the current year intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LETCHWORTH, CLARA 1533 S. COMBEE RD. LAKELAND FL 33801				81 Name			
				Clara Straughn			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1533 S. Combee Road			
				83			
				Lakeland, FL 33801			
				84 City			
				FL		85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input type="checkbox"/> DELETE	1.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LETCHWORTH, CLARA		1.2 NAME	Clara Straughn			
STREET ADDRESS	1533 S COMBEE RD		1.3 STREET ADDRESS	1533 S. Combee Road			
CITY-ST-ZIP	LAKELAND, FL 00000		1.4 CITY-ST-ZIP	Lakeland, FL 33801			
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 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: Clara Straughn **REQUIRED** Date: 1/20/99 Daytime Phone #: 944-666-1604

CR2E034 (1/198)