

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**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90045 030 \*\*\*158.75

**DOCUMENT # H29597**

1. Corporation Name

CLEN M. AND JOANNE D. WARD, INC.

Principal Place of Business

13 S. ROSCOE BLVD.  
PALM VALLEY FL 32082

Mailing Address

P.O. BOX 122  
PONTE VEDRA FL 32004-0122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1984

4. FEI Number

59-2465612

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **After Officer Changes**  
\$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 15 So. Roscoe Blvd.

Suite, Apt. #, etc.

City & State

Zip Country

24 25

2a. Mailing Address

26 P.O. Box 741

Suite, Apt. #, etc.

City & State

28 Ponte Vedra Bch, FL

Zip Country

29 32004-0741 30 USA

9. Name and Address of Current Registered Agent

O'NEILL, KAREN B  
1009 21ST ST. NO.  
JACKSONVILLE BEACH FL 32250

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, 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

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE  
NAME WARD, CLEN M.  
STREET ADDRESS PO BOX 122 NA  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32004

TITLE DVPS ☒ DELETE  
NAME MCGRATH, JOANNE W  
STREET ADDRESS 8432 ROLLING HILLS DR  
CITY-ST-ZIP NASHVILLE TN

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 Director - Vice President ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE Dir - Pres - Secar - Treas ☐ Change ☒ Addition  
2.2 NAME NORMA HARRIS  
2.3 STREET ADDRESS 11 So. Roscoe Blvd.  
2.4 CITY-ST-ZIP Ponte Vedra Bch, FL 32004

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)