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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H96153

(2)

**CLARFIELD CORPORATION** 

SIGNATURE:

FILED Apr 11 1997 8:00am Secretary of State

Principal Place of Business Mailing Address							
200 CENTRAL AT BARNETT TOWE	VENUE R. 23RD FLOOR	200 CENTRAL AVENUE BARNET TOWER. 23RD FLOOR					
ST. PETERSBURG FL 33701 US		ST. PETERSBURG FL 33701-3326 US			3. Date incorporated or Qualified		
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2714048		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	75 Additional e Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Z(p)	Country 25	Z <sub>I</sub> p	Count	У	8. This corporation has liability for in	ntangible tak und Yes 🚺 No	er s. 199.032,
	9. Name and Address of Curre		100		10. Name and Address of New Reg		
ROY	G. HARRELL, JR.	······································	8	Name	Roy G. Harrell, Jr.		
	SECOND AVENUE SOUTH		8	E.	ress (P.O. Box Number is Not Acceptab	le)	
SUITE	E 12502				200 Central Avenue		
ST. P	ETERSBURG FL 33701		. 8	21	Barnett Tower, 23rd F	loor	
			В	4 City	St. Petersburg		Zin Code 33701
11. Pursuant to	the armisions of Sections 607.05	02 and 607.1508. Florida Stat	utes the abo	ve-named con	poration submits this statement for the p		
office or re-	gistered agent, or both, in the Stat	e of Florida. Such change was	s authorized I	y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointmen	t as registered
	tranii ir viin, and a cept the our	Allons of, 15 chilleon 0005, 1	rionda Siaidi	55.		1-20-97	
SIGNATURE	Sprasure, typed or printed name of registered a	gent and life if applicable (N	OTE: Registered A	gent signature requ	ired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	DPS	☐ DELETE	1.1 TITLE			☐ Char	nge 🔲 Addition
NAME	CLARFIELD, WILLIAM		1.2 NAM				
STREET ADORESS	625 AVE RD #1404		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	TORONTO ON M41	12K7	1.4 CITY				
TIFLE	Ţ	☐ DELETE	2.1 TITLE	1		L Char	nge [] Addition
NAME	CLARFIELD, WILLIAM		2.2 NAM	1			
STREET ADORESS	625 AVE RD #1404	· · · · · · · ·		ET ADDRESS			
C(TY+ST-ZIP	TORNTO ON 114V	2K/	2. 4 CITY			Cha	nge Addition
TOLE		L.J DELETE	3.1 TITLE			L., Urla	ilige [] Addition
NAME			3.2 NAM				
STREET ADORESS				ET ADDRESS			
CHY-ST ZOP		DELETE	3.4. CITY 4.1 TITLE			Cha	nge Addition
NAME		hand south	4. 2 NAM			timed 5716	
STREET ADDRESS				ET ADDRESS			
DHY- ST-ZIP			4.4 City	l l			
PHT: SI-ZII		DELETE	5.1 TiTLE			Cha	nge Addition
NAMI			5.2 NAM				
STREET ADDRESS			53 STRE	ET ADDRESS			
City -\$1 - ZiP			5.4 CITY	1			
1014	W	DELETE	61 1171.0			Cha	nge Addition
NAME			6.2 NAM	£ .			
STREET ADDRESS			6.3 STRE	ET ADORESS			
CITY - S1 - ZiP			6.4 CITY				
14. I do hereb	y certify that the information suppl	ed with this filing does not qui	alify for the e	cemption state	d in Section 119.07(3)(i), Florida Statutes	3. I further certify	that the
information Lam an off appears in	vindicated on this annual report of licer or director of the corporation Block 12 or Block 13 if changed,	r supplemental appual report is or the receiver or trustee emp or on an attachment with an a	true and ac owered to exi iddress.	curate and that ecute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	effect as if maditatutes; and that	e under oath; the my name