FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:46

DOCUMENT # **J17434** (8)

1. Corporation Name

CLARK, HUNTER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1400 A OLD DIXIE HWY P. O. BOX 4404 ST. AUGUSTINE FL 32086 US	1400A OLD DIXIE HWY P. O. BOX 4404 ST. AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 4475 US 1 South	26 4475 US 1 South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite # 403	27 Suite # 403
City & State	City & State
23 St. Augustine, FL	28 St. Augustine, FL.
Zip / Country	Zip / Country
24 32086 / 25 St. Johns	29 32086 / 30 St. Johns

3. Date Incorporated or Qualified: 06/02/1986
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2676353 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HUNTER, CONNIE H., JR.
1400 A OLD DIXIE HWY
P.O. BOX 4404 (32085)
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name: ROGER M. KENDZOR
82 Street Address (P.O. Box Number is Not Acceptable): 4475 US 1 SOUTH
83: SUITE # 403
84 City: ST. AUGUSTINE FL 85 Zip Code: 32086

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP Director	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	HUNTER, CONNIE H., JR.	12 NAME	HUNTER, CONNIE H. JR	
STREET ADDRESS	245 COQUINA AVE.	13 STREET ADDRESS	245 COQUINA AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	14 CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VSD	21 TITLE	SEC, TREASURER	☒ Change ☐ Addition
NAME	KENDZOR, KAY J.	22 NAME	KENDZOR, KAY J.	
STREET ADDRESS	1365 "R" SR 206	23 STREET ADDRESS	4475 US1 SOUTH, SUITE 403	
CITY-ST-ZIP	ST AUGUSTINE FL	24 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	DT	31 TITLE	PRES, DIRECTOR	☒ Change ☐ Addition
NAME	KENDZOR, ROGER M	32 NAME	KENDZOR, ROGER M.	
STREET ADDRESS	1365 "R" SR 206	33 STREET ADDRESS	4475 US1 SOUTH, SUITE 403	
CITY-ST-ZIP	ST. AUGUSTINE FL	34 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Roger M. Kendzor 1-30-95 904-794-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000048 CR