

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J17434 (8)**

1. Corporation Name
CLARK, HUNTER & ASSOCIATES, INC.



Principal Place of Business: **4475 US 1 SOUTH SUITE #403 ST. AUGUSTINE FL 32086 US**
Mailing Address: **4475 US 1 SOUTH SUITE #403 ST. AUGUSTINE FL 32086 US**

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **06/02/1986** 3a. Date of Last Report: **02/03/1995**
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

**KENDZOR, ROGER M.
4475 US 1 SOUTH
SUITE #403
ST. AUGUSTINE FL 32086**

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 607.0600 and 607.0605, 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 607.0605, Florida Statutes.

SIGNATURES

12. OFFICERS AND DIRECTORS

12.1 TITLE	D	<input type="checkbox"/> DELETE
12.2 NAME	HUNTER, CONNIE H., JR.	
12.3 STREET ADDRESS	245 COQUINA AVE.	
12.4 CITY-STATE-ZIP	ST. AUGUSTINE FL	
12.5 TITLE	ST	<input type="checkbox"/> DELETE
12.6 NAME	KENDZOR, KAY J.	
12.7 STREET ADDRESS	4475 US1 SOUTH SUITE 403	
12.8 CITY-STATE-ZIP	ST AUGUSTINE FL	
12.9 TITLE	PD	<input type="checkbox"/> DELETE
12.10 NAME	KENDZOR, ROGER M	
12.11 STREET ADDRESS	4475 US1 SOUTH, SUITE 403	
12.12 CITY-STATE-ZIP	ST. AUGUSTINE FL	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		
12.21 TITLE		<input type="checkbox"/> DELETE
12.22 NAME		
12.23 STREET ADDRESS		
12.24 CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-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)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 13 of this form unchanged or on an amendment with an address.

SIGNATURE: **ROGER M. KENDZOR**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 904 794-9955
DATE OF FILING DATE OF REPORT

CR2E034 (12/95)