

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

JUN 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J25701 (0)

1. Corporation Name

RICHARD CLARK & ASSOCIATES, INC.

Principal Place of Business		Mailing Address	
19531 GULF BLVD. #519 INDIAN SHORES FL 34635 US		19531 GULF BLVD. #519 INDIAN SHORES FL 34635 US	
2. Principal Place of Business		2b. Mailing Address	
21	26		
Suite Apt # etc		Suite Apt # etc	
22	27		
City & State		City & State	
23	28		
24	25	29	30
9. Name and Address of Current Registered Agent			
CLARK, RICHARD 19531 GULF BLVD. APT. 519 INDIAN SHORES FL 34635			
10. Name and Address of New Registered Agent			
B1	Name		
Richard Clark			
B2	Street Address P.O. Box Number is Not Acceptable		
11895 Walker Ave N			
B3			
B4	City		Zip Code
SEMINOLE		FL	34642

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 approved by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the provisions of Section 607.0508, Florida Statutes.

SIGNATURE: *Richard Clark* Richard A. Clark 4-30-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES IN OFFICERS AND DIRECTORS IN 12	
OFFICER	NAME	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, RICHARD	NAME	
STREET ADDRESS	19531 GULF BLVD., #519	STREET ADDRESS	
CITY ST ZIP	INDIAN SHORES FL	CITY ST ZIP	
OFFICER	NAME	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
OFFICER	NAME	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
OFFICER	NAME	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
OFFICER	NAME	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
OFFICER	NAME	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
OFFICER	NAME	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I declare under penalty of perjury that the information supplied with this form is voluntarily furnished and true and correct for the corporation stated in Section 11007(1)(a), Florida Statutes. I further certify that the information indicated on the 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 a sole owner or director of the corporation. The recorder or recorder's employee(s) to indicate the input as required by Chapter 607, Florida Statutes, and that my signature appears in Block 1, or Block 1 is changed, or on an other form with affidavits.

SIGNATURE:

Richard Clark Richard A. Clark 4-30-95 813-373-5155