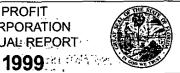
Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90056 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

ED CLARK SERVICES, INC.

Principal Place	of Business	Mailing Address								
% DON REID		% DON REID								
635 SW 28 ST.		635 SW 28 ST.			DO NOT WRITE IN THIS SPACE					
GAINESVILLE FI	L 32607	GAINESVILLE FL 32607				3. Date Incorporated or Qualifed				7
						09/30/1986				_}
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				30 6666000			Not Applicable	<u>.</u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired Fee Required				
22		27								\dashv
City & State	e e e e e e e e e e e e e e e e e e e	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23 Zip	Country	Zip Country				8. This corporation owes the current y	ear Intan		.0 10 1 003	1
24	25 29 30		_			Personal Property Tax.	_	Yes	□No	1
24]	9. Name and Address of Current		The same that th			10. Name and Address of New Regis	stered A	gent		
				81	Name					┐
	, DON				Street Add	t Address (P.O. Box Number is Not Acceptable)				
	West University Avenue		-	Oll Cot Add					╝	
	E 401			63						- {
GAIN	IESVILLE FL 32601		ŀ	84	City			85 Z	ip Code	\dashv
				-	-		<u> FL</u>	H	·	_
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes f Florida, Such change was aut	, the ab horized	ove- by th	named corp he corporati	poration submits this statement for the purpon's board of directors. I hereby accept the	oose of cl appoint	nanging ment as	its registered registered	Ì
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statu	tes.				1. 1		
SIGNATURE.	<u> </u>	700			G		ATF	**. 35	<u> </u>	
12.	Signature, typed or printed name of registered agent OFFICERS AND					ADDITIONS/CHANGES TO OFFICE		DIREC	TORS IN 12	┪
TITLE	D PARTY IN	DELETE	1.1 TITL			7,00		☐ Chanç		n
NAME	REID. DON		1.2 NAME		Ì					Ì
STREET ADDRESS			1.3 STF	1.3 STREET ADDRESS						
CITY-ST-ZIP			1.4 C/IT	1.4 C/TY-ST-Z/P						_{
TITLE	P	☐ DELETE	2.1 TITLE					Chang	ge 🔲 Additio	'n
NAME .	CLARK, EDWARD L.		2.2 NAME							
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS						1
CITY-ST-ZIP	GAINESVILLE FL		2. 4 CIT	2. 4 CITY-ST-ZIP						_
TITLE		☐ DELETE	DELETE 3.1 TITL					Chang	ge 🔲 Additio	ın
NAME			3.2 NAM		}					1
STREET ADDRESS			3.3 STREET ADDRE		ADDRESS					_ _
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP						_
TITLE		☐ DELETE	4.1 TITLE					Chan	ge 🗌 Additio	*1
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE		ì					1
CITY-ST-ZIP		□ DELETE	4.4 CITY-5		ZIP			☐ Chang	ge Additio	-
TITLE		☐ DETE 1€	5.1 TITLE 5.2 NAME						2- L'ungine	"
NAME	1		1	5.3 STREET ADDRESS						-
STREET ADDRESS	,		5.4 CIT		į į					ĺ
CITY-ST-ZIP		□ DELETE	6.1 TITI					☐ Chang	ge	חת
NAME		المالية المالية	6.2 NA]]
STREET ADDRESS				EET ADDRESS						-
SIRCE I ADDRESS			1							- 1

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 pther like empowered. SIGNATURE:

CITY-ST-ZIP