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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J69900

1. Corporation Name

Principal Place of Business

THE CLARKSON COMPANY

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90207 001 ***150.00



2100 UNIVERSITY BLVD S SUITE 200 JACKSONVILLE FL 32216 US		ATTN: GERALDINE G. BROWN 3100 UNIVERSITY BLVD. S., STE. 200 JACKSONVILLE FL 32216			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/24/1987		
2, Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
1	# etc	Suite, Apt. #, etc.			52-1100398		Not Applicable Additional
·	27				5. Certificate of Status Desired Fee Required		
City & Sta		City & State			Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Zip Country Zip 29			<i>'</i>	This corporation owes the current year Int Personal Property Tax.	tangible Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
000	WAL CEDALDINE C		81	Name			
3100	WN, GERALDINE G) UNIVERSITY BLVD.		82 83	<u></u>	fress (P.O. Box Number is Not Acceptable)		
	SUITE 200 JACKSONVILLE FL 32216						ļ
JACI	NSONVILLE PL 32210		84	City	FL	85 Zip	Code
	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A				ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECT	ORS IN 12
	DC	☐ DELETE	1.1 TITLE			☐ Change	Addition
_	CLARKSON, CHARLES A		1.2 NAME	})
I ADDRESS	3100 UNIVERSITY BLVD STE 2	235	1.3 STREE	TADDRESS			{
ST-ZIP	JACKSONVILLE FL: 32216		1.4 CITY-S	T-ZIP			
-	VSD	☐ DELETE	2.1 TITLE			Change	Addition
-	CLARKSON, PATRICIA H		2.2 NAME	}			
_I ALIORESS			2.3 STREET ADDRESS				
ST- ZIP	JACKSONVILLE FL 32216	Fine see	2.4 CITY-	ST- ZIP		Clohana	- Addition
-	PTDS	☐ DĒLETE	3.1 TITLE	}		Change	e ☐ Addition
-	CLARKSON, ROBERT W	25	3.2 NAME	T DODE			
F ADDRESS	3100 UNIVERSITY BLVD.S. #2 JACKSONVILLE FL	33 ·		TADORESS			İ
ST-ZIP	WHO INDUSTRIELE I'E	[] DELETE	3.4. CITY-1	31-ZIF		Change	Addition
-			4. 2 NAME	1		_ ,	_
_1 ADDRESS				T ADDRESS			
ST-ZIP			4.4 CITY-S				_
		☐ DELETE	5.1 TITLE			Change	Addition
			5.2 NAME	1			
_i AUDRESS			5.3 STREE	T ADDRESS			, }
ST-ZIP			5.4 CITY-S	ST-ZIP			
		☐ DELETE	6.1 TITLE	}		Change	Addition
			6.2 NAME	}			
: ADDRESS			ı	T ADDRESS			
<u>Zi</u> p	1		6.4 C/TY-S	iT-ZIP			

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 affect 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

WAR Patricia H. Clarkson

4/30/99

904-359-0045