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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K60034

1. Corporation Name

CHARLES W. CLARK, INC.

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90088 028 \*\*\*158.75



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Principal Place	e of Business	Mailing Address		£ INGERIU NE GILLI DATE AND ELLE	2) (1 2) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1211 91911 1921
3110 India Palm Edgewater FL 32141		3110 INDIA PALM EDGEWATER FL 32141		DO NOT WEITE	W THO ODAO5	
					IN THIS SPACE	
				3. Date Incorporated or Qualifed		
		To the second second		01/23/1989 - 4. FEI Number		plied For
	lace of Business	2a. Mailing Address	0.100 (000	4   "	<b>1</b>	t Applicable
	North Ridgewood	26 218A North Suite, Apt. #, etc.	- Kiagewood	59-2936303	\$8.75	
	water 7e	27 Edge water	176		Fee Re	quired
City & VS tat 23 3213	068	City & State 28 32/32	Volusia	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	□ \$5.00 Added t	
Zip 24	Country 25	Z <sub>ip</sub> 3	Country	This corporation owes the current Personal Property Tax.	it year Intangible Yes	□No_
	9. Name and Address of Curren	<del></del>		10. Name and Address of New Re	gistered Agent	
			81 Name			
CLA	rk, Charles		82 Street A	ddress (P.O. Box Number is Not Acceptable	e)	
3110 INDIA PALM			90	Cunningham Dr.	·	
EDG	EWATER FL 32032		83	0		
			94 00 94		lee l Zin (	- obo
			84 City 72	ew Amura Beach		168
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-named o	comporation submits this statement for the pr	rpose of changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was aut	horized by the corboi	ration's board of directors. I hereby accept	the appointment as re	gistered
	in tarring war, and accept the conge					ì
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	legistered Agent signature re-	quired when reinstating)	DATE	
12.		nt and title if applicable. (NOTE: R	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
			13.	<u> </u>		RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
12.	OFFICERS AND CLARK, CHARLES	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
12. TITLE NAME STREET ADDRESS	OFFICERS AN D CLARK, CHARLES 3110 INDIA PALM	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
12. TITLE NAME	OFFICERS AN D CLARK, CHARLES	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D CLARK, CHARLES 3110 INDIA PALM EDGEWATER FL V	ID DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	Addition
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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 other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP