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Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L41765**

(3)

1. Corporation Name

**CLARENCE BARDELL, INC.**

Principal Place of Business

**9140 U.S. HIGHWAY 192  
CLERMONT FL 34711**

Mailing Address

**9140 U.S. HIGHWAY 192  
CLERMONT FL 34711-8202**



3. Date Incorporated or Qualified

**01/08/1990**

3a. Date of Last Report

**06/18/1996**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARDELL, CLARENCE  
211 CHALLENGER AVENUE  
DAVENPORT FL**

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 607.0502 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 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person changing registered office and agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

TITLE

13.2

NAME

13.3

STREET ADDRESS

13.4

CITY - ST - ZIP

2.1

TITLE

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY - ST - ZIP

3.1

TITLE

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY - ST - ZIP

4.1

TITLE

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY - ST - ZIP

5.1

TITLE

5.2

NAME

5.3

STREET ADDRESS

5.4

CITY - ST - ZIP

6.1

TITLE

6.2

NAME

6.3

STREET ADDRESS

6.4

CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing #

048' 100

CR2E034 (9/96)