Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

DINO.

Not Applicable

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 # L41765

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

CLARENCE BARDELL, INC.

Principal Place of Business	Mailing Address
9140 U.S. HIGHWAY 192 CLERMONT FL 34711	9140 U.S. HIGHWAY 192 CLERMONT FL 34711

Coun ry

9. Name and Address of Current Registered Agent

25

BARDELL, CLARENCE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

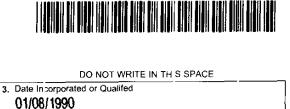
28

29

Zip

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90170 026 ***150.00



4. FEI Number

59-2984281

5. Certificate of Status Desired

6. Electior Campaign Financing

8. This co poration owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

211 CHALLENGER AVENUE DAVENPORT FL			[82]	82 Street Address (P.O. Box Number is Not Acceptable)					
			83						
			84	City			 -	85 Zip C	ode
			1 1	•			F)_	- 1	
office or re	o the provisions of Seltions 607.0502 a egistered agent, or both, in the State of In familiar with, and accept the obligation	Florida, Such change was autho	orized by i	the corpora	propration submits arion's board of dir	this statement for the ectors. I hereby acc	he purpose of cept the appoi	changing its i ntment as reg	registered it tered
SIGNATURE	Signature, typed or printed nan e of registered agent a	d title if anniicable (NOTE Rei	nstered Agen	signature reg	ii ed when reinstating)		DATE		\
12.	OFFICERS AND		13.	gort og det og d					
TITLE	DPT	☐ DELETE	1.1 TITLE					Change	Addition
NAME	BARDELL, CLARENCE		12 NAME						
STREET ADDRESS	211 CHALLENGER AVENUE		1.3 STREET	ADDRESS]
CITY-ST-ZIP	DAVENPORT FL		1.4 CITY-ST	- ZIP					J
TITLE	DVS	☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME	BARDELL, SARA E.		22 NAME	1					ļ
STREET ADDRESS	211 CHALLENGER AVENUE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	DAVENPORT FL		2. 4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4, CITY-S	r-zip					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRES 3			4.3 STREET	ADDRESS					1
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST	- ZIP					
TITLE		☐ DELETE	51TITLE	i i				Change	Addition \
NAME			5.2 NAME						
STREET ADDRES 3			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY- ST	- ZIP					
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						-
STREET ADDRES ;			6.3 STREET	ADDRESS					İ
CITY-ST-ZIP			6.4 CITY-ST	-ZIP					

Country

81 Name

30

14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify 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 of 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, by on an attachment with an address, with all other fike empowered.

SIGNATURE: