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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L58607

(7)

FILED Mar 19 1997 8:00am Secretary of State

G. EDWARD CLEMENT, P.A.

Principal Place of Business # G. EDWARD CLEMENT 308 E. FIFTH AVE. MOUNT DORA FL 32757 2. Principal Place of Business 21 Suite, Apt. #, etc.		Mailing Address % G. EDWARD CLEMENT 308 E. FIFTH AVE. MOUNT DORA FL 32757-5661 2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1990 02/06/1996 4. FEI Number Applied For Not Applicable 5.0 24/1996 88.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z(p			Country 30	,	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Currer				10. Name and Address of New Reg	
CLEMENT, G. EDWARD			81	Name		
308 E. FIFTH AVE. MOUNT DORA FL 32757			82	Street Add	Address (P.O. Box Number is Not Acceptable)	
			83			
			84	City		FL 85 Zip Code
I office or i	to the provisions of Sections 607.056 registered agent, or both, in the State am familiar with, and accept the oblig.	of Florida. Such change was ations of, Section 607.0505, F	authorized by forida Statutes	y the corpora s.	poration submits this statement for the patient's board of directors. Thereby acceptions when renstating)	urpose of changing its registered I the appointment as registered
12.	OFFICERS AN		13.	This signature (equ	ADDITIONS/CHANGES TO OFFIC	
TITLE	DTS	☐ DELETE	1111111			☐ Change ☐ Addition
NAME	CLEMENT, G. EDWARD		1.2 NAME			
STREET ADDRESS 308 E. FIFTH AVE			1 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	The state of the s		1.4 CITY - S 2.1 TITLE	I - ZIP		Change Addition
NAME	PVP Clement, G. Edward					C change E Addition
STREET ADDRESS	308 E. FIFTH AVE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	MAINT DODA PI		2 4 CHY-			
TITLE		□ DUTTE 311				☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	i		
CITY-ST-ZIP TITLE			3.4. CHY-5	S1 - ZIP		Change Addition
NAME			4.1 TITLE 4. 2 NAME			Change Addition
STREET ADDRESS			4.3 STRELL	ADDRESS		
CITY-ST-ZIP			4.4 CHTY-S	I		
TITLE			5.1 BILE			Change Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			54 CITY-S	1 - ZiP		
TITLE		LT DEFETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			

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 eath, 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. (352) 383-4186

6.3 STREET ADDRESS