

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

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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L85577** (9)

1. Corporation Name
CLARK-GRIGSBY ENTERPRISES, INC.



Principal Place of Business ROUTE 1, BOX 137 HAMPTON FL 32044	Mailing Address ROUTE 1, BOX 137 HAMPTON FL 32044
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3. Date Incorporated or Qualified 07/09/1990	3a. Date of Last Report 03/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3021478	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BENCHIMOL, H. RICHARD 1 URBAN CENTER ST. PETERSBURG FL 33710	10. Name and Address of New Registered Agent 81 Name Thomas Clark 82 Street Address (P.O. Box Number is Not Acceptable) Rt 1 Box 137 83 84 City Hampton FL 85 Zip Code 32044
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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 *Thomas C. Clark* DATE **1-23-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CLARK, THOMAS	1.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 137	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	
NAME	GRIGSBY, SHAW JR.	2.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 137	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GRIGSBY, SHAW JR.	3.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 137	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPTON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas C. Clark* DATE **1-23-97** DAYTIME PHONE # **352-468-1851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)