

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

FILED  
Mar 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P25321 (1)

1. Corporation Name  
CLARK, GEER, LATHAM & ASSOCIATES, INC.



Principal Place of Business Mailing Address  
762 DOWNTOWN LOOP WEST, SUITE 201 762 DOWNTOWN LOOP WEST, SUITE 201  
MOBILE AL 36609 MOBILE AL 36609

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/25/1989		03/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		63-0756582		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing		Trust Fund Contribution	
24		25		29		30	
Zip		Country		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

DIETER, STEPHEN J.  
631 S. ORLANDO AVE., S200  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, typed or printed name of registered agent and title. If applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	12.1 TITLE	1.1 TITLE	Change Addition
NAME	12.2 NAME	1.2 NAME	Change Addition
STREET ADDRESS	12.3 STREET ADDRESS	1.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP	12.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	Change Addition
TITLE	12.5 TITLE	2.1 TITLE	Change Addition
NAME	12.6 NAME	2.2 NAME	Change Addition
STREET ADDRESS	12.7 STREET ADDRESS	2.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP	12.8 CITY - ST - ZIP	2.4 CITY - ST - ZIP	Change Addition
TITLE	12.9 TITLE	3.1 TITLE	Change Addition
NAME	12.10 NAME	3.2 NAME	Change Addition
STREET ADDRESS	12.11 STREET ADDRESS	3.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP	12.12 CITY - ST - ZIP	3.4 CITY - ST - ZIP	Change Addition
TITLE	12.13 TITLE	4.1 TITLE	Change Addition
NAME	12.14 NAME	4.2 NAME	Change Addition
STREET ADDRESS	12.15 STREET ADDRESS	4.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP	12.16 CITY - ST - ZIP	4.4 CITY - ST - ZIP	Change Addition
TITLE	12.17 TITLE	5.1 TITLE	Change Addition
NAME	12.18 NAME	5.2 NAME	Change Addition
STREET ADDRESS	12.19 STREET ADDRESS	5.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP	12.20 CITY - ST - ZIP	5.4 CITY - ST - ZIP	Change Addition
TITLE	12.21 TITLE	6.1 TITLE	Change Addition
NAME	12.22 NAME	6.2 NAME	Change Addition
STREET ADDRESS	12.23 STREET ADDRESS	6.3 STREET ADDRESS	Change Addition
CITY - ST - ZIP	12.24 CITY - ST - ZIP	6.4 CITY - ST - ZIP	Change Addition

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 E. Latham*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

Date

334-344-7073

Daytime Phone #

0527378

CR2E034 (9/96)