

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P40110 (9)**

1. Corporation Name

CLARKE MOSQUITO CONTROL PRODUCTS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 72288
ROSSELLE IL 60172

P.O. BOX 72288
ROSSELLE IL 60172

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/19/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
36-3672438

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, re-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 DELETE
NAME **PCD CLARKE, JOHN L., JR.**
STREET ADDRESS **159 GARDEN AVENUE**
CITY-STATE-ZIP **ROSELLE IL**

1 TITLE Change Addition
CHAIRMAN OF THE BOARD
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE DELETE
NAME **S CLARKE, MARY KEMP**
STREET ADDRESS **159 N. GARDEN**
CITY-STATE-ZIP **ROSELLE IL**

2 1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE DELETE
NAME **T CLARKE, JOHN L., JR.**
STREET ADDRESS **159 GARDEN AVENUE**
CITY-STATE-ZIP **ROSELLE IL**

3 1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE DELETE
NAME **D JACQUIN, JERRY R.**
STREET ADDRESS **159 GARDEN AVENUE**
CITY-STATE-ZIP **ROSELLE IL**

4 1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5 1 TITLE Change Addition
PRESIDENT
52 NAME **JOHN W. CHARKE III**
53 STREET ADDRESS **159 N. GARDEN**
54 CITY-STATE-ZIP **ROSELLE IL 60172**

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6 1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

3/18/96 Date

708-894-2000 Daytime Phone #

CR2E034 (12/95)