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**Apr 25 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 # P40110 (9)

1. Corporation Name
CLARKE MOSQUITO CONTROL PRODUCTS, INC.



Principal Place of Business: **P.O. BOX 72288 ROSSELLE IL 60172**
Mailing Address: **P.O. BOX 72288 ROSSELLE IL 60172-0288**

3. Date Incorporated or Qualified: **08/19/1992**
3a. Date of Last Report: **04/26/1996**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	CLARKE, JOHN L., JR.	
STREET ADDRESS	159 GARDEN AVENUE	
CITY- ST- ZIP	ROSELLE IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARKE, MARY KEMP	
STREET ADDRESS	159 N. GARDEN	
CITY- ST- ZIP	ROSELLE IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLARKE, JOHN L., JR.	
STREET ADDRESS	159 GARDEN AVENUE	
CITY- ST- ZIP	ROSELLE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACQUIN, JERRY R.	
STREET ADDRESS	159 GARDEN AVENUE	
CITY- ST- ZIP	ROSELLE IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHN L. CLARKE III	
STREET ADDRESS	159 N GARDEN AVE	
CITY- ST- ZIP	ROSELLE IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* DATE: **4/18/97** DAYTIME PHONE: **630 894-2000**

CR2E034 (9/96)