

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90152 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P40110**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/19/1992**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24 Zip

Country

9. Name and Address of Current Registered Agent

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, 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	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARKE, JOHN L., JR.</b>	
STREET ADDRESS	<b>159 GARDEN AVENUE</b>	
CITY-ST-ZIP	<b>ROSELLE IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARKE, MARY KEMP</b>	
STREET ADDRESS	<b>159 N. GARDEN</b>	
CITY-ST-ZIP	<b>ROSELLE IL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARKE, III J L</b>	
STREET ADDRESS	<b>159 GARDEN AVENUE</b>	
CITY-ST-ZIP	<b>ROSELLE IL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHN L. CLARKE III</b>	
STREET ADDRESS	<b>159 N GARDEN AVE</b>	
CITY-ST-ZIP	<b>ROSELLE IL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>TECSON, J A</b>	
STREET ADDRESS	<b>225 W WASHINGTON 1300</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CLARKE, JOHN L. JR</b>	
1.3 STREET ADDRESS	<b>159 Garden Avenue</b>	
1.4 CITY-ST-ZIP	<b>Roselle, IL 60172</b>	
2.1 TITLE	<b>D/AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CLARKE, MARY KEMP</b>	
2.3 STREET ADDRESS	<b>159 N. GARDEN</b>	
2.4 CITY-ST-ZIP	<b>ROSELLE IL 60172</b>	
3.1 TITLE	<b>P/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CLARKE, J L III</b>	
3.3 STREET ADDRESS	<b>159 GARDEN AVENUE</b>	
3.4 CITY-ST-ZIP	<b>ROSELLE IL 60172</b>	
4.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ERICKSON, LARRY</b>	
4.3 STREET ADDRESS	<b>159 N. GARDEN AVENUE</b>	
4.4 CITY-ST-ZIP	<b>ROSELLE IL 60172</b>	
5.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MAGRO, KEVIN</b>	
5.3 STREET ADDRESS	<b>159 N. GARDEN AVENUE</b>	
5.4 CITY-ST-ZIP	<b>ROSELLE IL 60172</b>	
6.1 TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>KANOUSE, FRANCES</b>	
6.3 STREET ADDRESS	<b>159 N. GARDEN AVENUE</b>	
6.4 CITY-ST-ZIP	<b>ROSELLE IL 60172</b>	

14. I 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, with all other like empowered.

SIGNATURE:

*John L. Clarke, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

Date Daytime Phone #

CR2E034 (11/98)