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Feb 05 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 # P93000004980 (7)

1. Corporation Name

CLARENDON INTERNATIONAL, INC.

Principal Place of Business

1870 LONG POND DRIVE
LONGWOOD FL 32779

Mailing Address

1870 LONG POND DRIVE
LONGWOOD FL 32779-7050

3. Date Incorporated or Qualified

01/22/1993

3a. Date of Last Report

10/28/1996

4. FEI Number

59-3185577

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

21 698 Tuscara Drive

Suite, Apt. #, etc.

22

City & State

23 Winter Springs, FL

Zip

24 32708

Country

25 USA

2a. Mailing Address

26 698 Tuscara Drive

Suite, Apt. #, etc.

27

City & State

28 Winter Springs, FL

Zip

29 32708

Country

30 USA

9. Name and Address of Current Registered Agent

SYLVESTER, JACQUELYN
698 TUSCORA DR
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

Jacquelyn Pitt (f/k/a Jacquelyn

82 Street Address (P.O. Box Number is Not Acceptable) Sylvester)

698 Tuscara Drive

83

84 City

Winter Springs

FL

85 Zip Code

32708

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

Jacquelyn Pitt
Signature typed or printed name of registered agent and title if applicable

Jacquelyn Pitt

(NOTE: Registered Agent signature required when reinstating)

1/29/97

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME SYLVESTER, JACQUELYN A
STREET ADDRESS 698 TUSCORA DR
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE MD ☒ DELETE

NAME BROWN, DONALD
STREET ADDRESS 1870 LONG POND DRIVE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE S ☒ DELETE

NAME EVANS, MITZY-
STREET ADDRESS 421 N.E. 14TH AVENUE, UNIT 702
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D/T ☐ Change ☒ Addition

1.2 NAME Pitt, Jacquelyn

1.3 STREET ADDRESS 698 Tuscara Drive

1.4 CITY-ST-ZIP Winter Springs, FL 32708

2.1 TITLE VP/D/S ☐ Change ☒ Addition

2.2 NAME Pitt, Vernon

2.3 STREET ADDRESS 698 Tuscara Drive

2.4 CITY-ST-ZIP Winter Springs, FL 32708

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Jacquelyn Pitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacquelyn Pitt (407) 365-0862

Date

Daytime Phone #

CR2E034 (9/96)