

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT #** P93000004980  
Corporation Name

**CLARENDON INTERNATIONAL, INC.**

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STATE OF FLORIDA  
TALLahassee, FLORIDA

**Principal Place of Business**  
1148 Overlook Ct.  
Villa Rica, GA 30180

**Mailing Address**  
c/o Baker & Hostetler LLP  
200 S. Orange Avenue  
Suite 2300  
Orlando, FL 32801

*Handwritten initials*

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
See change above

**2a. Mailing Address**  
26 See change above

**City & State**  
27

**Zip** 28 **Country** 29

**3. Date Incorporated or Qualified**  
01/22/93

**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 owes the current year intangible Personal Property Tax.**  Yes  No

**9. Name and Address of Current Registered Agent**  
Vernon A. Pitt, II  
2434 Econ Circle, #144  
Orlando, FL 32817

**10. Name and Address of New Registered Agent**

**81 Name**  
A.G.C. Co.

**82 Street Address (P.O. Box Number is Not Acceptable)**  
200 S. Orange Ave.,

**83**  
Suite 2300

**84 City**  
Orlando

**85 Zip Code**  
FL 32801

1. Pursuant to the provisions of Sections 607.1502 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** *Vernon A. Pitt, II* **Signature, typed or printed name of registered agent and title** *Vice Pres - Kenneth C. Wright* **(NOTE: Registered Agent signature required when reinstating)** *6/17/99* **DATE**

2. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President Jacquelyn Pitt 255 Glen Lang Drive N.W. Atlanta, GA 30327 <input checked="" type="checkbox"/> DELETE
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Vice President Vernon Pitt 255 Glen Lane Drive N.W. Atlanta, GA 30327 <input type="checkbox"/> DELETE
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>11 TITLE</b> <b>12 NAME</b> <b>13 STREET ADDRESS</b> <b>14 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500002918185-- -06/29/99--01020--013 ****550.00 ****550.00
<b>21 TITLE</b> <b>22 NAME</b> <b>23 STREET ADDRESS</b> <b>24 CITY-ST-ZIP</b>	President/Director Vernon Pitt 1380 Overlook Ct. Villa Rica, GA 30180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>31 TITLE</b> <b>32 NAME</b> <b>33 STREET ADDRESS</b> <b>34 CITY-ST-ZIP</b>	VP/Director Vernon Pitt, II 2434 Econ Circle, #144 Orlando, FL 32817 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>41 TITLE</b> <b>42 NAME</b> <b>43 STREET ADDRESS</b> <b>44 CITY-ST-ZIP</b>	Director Oliver Pitt 1148 Overlook Ct. Villa Rica, GA 30180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>51 TITLE</b> <b>52 NAME</b> <b>53 STREET ADDRESS</b> <b>54 CITY-ST-ZIP</b>	Secretary/Treasurer Winnifred Pitt 1148 Overlook Ct. Villa Rica, GA 30180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>61 TITLE</b> <b>62 NAME</b> <b>63 STREET ADDRESS</b> <b>64 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Vernon A. Pitt, II* **Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **President** **6/16/99** **(770)836-8580**  
Date Date

CR2E034 (11/98)