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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-SY-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400001660 (7)

CHARLES CLARKE CONSULTING, INC. Principal Place of Business Mailing Address 103 WEST OAK ST. 103 WEST OAK ST. SUITE B KISSIMMEE FL 34741 KISSIMMEE FL 34741 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3218145 26 Not Applicable Suite. Apt #. etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLARKE, CHARLES J III 103 W OAK ST 82 Street Address (P.O. Box Number is Not Acceptable) STE B KISSIMMEE FL 34741 83 City Zip Code 85 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, typod or printest name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition CLARKE, CHARLES J N NAME 1.2 NAME 103 W OAK ST STE B STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34741 CITY ST ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change ☐ Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change TITLE 41 TITLE Addition NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS

64 CiTy-ST-ZIP

14. Thereby 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 tustee 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

4.4 CITY-ST-ZIP

**5.3 STREET ADDRESS** 

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

51 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: Malan Maller 10 1928

DELETE

DELETE

CR2E034 (10/97)

Change

Change

☐ Addition

Addition

**FILED** 

Feb 24 1998 8:00am

Secretary of State