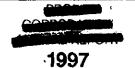
## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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L & C CLARK, INC.

P96000047148 (7)

REINSTATEMENT 1997

97 OCT 23 AM 10: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	e of Business	Mailing Address				
1199 ROCKLEDGE BLVD., U.S. HIGHWAY 1 SO. ROCKLEDGE FL 32955		1199 ROCKLEDGE BLVD., U.S. HIGHWAY 1 SO. ROCKLEDGE FL 32955				
					DO NOT WRITE	
					<ol> <li>Date Incorporated or Qualified</li> <li>05/28/1996</li> </ol>	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
ri		26		59-639010	Not Applicat	
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.		5. Certificate of Status Desired	S8.75 Additional
2		27	27		5. Continued of States Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country	Z(p	<del> </del> 7	intry	8. This corporation owes or has paid	
24	25     29     30 9. Name and Address of Current Registered Agent		30	1	Personal Property Tax due June	
<u> </u>	···	ant Hegisterea Agent		81 Name	10. Name and Address of New Re	listered Agent
CL	ARK, LOIS F	ALBUMAN A A A		I Name		
119	9 ROCKLEDGE BLVD., U.S. HI	GHWAY 1 SO.		82 Street Ad	dress (P.O. Box Number is Not Acceptab	e)
RO	CKLEDGE FL 32955					<del></del>
				83		
				84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607,1508, Florida	Statutes, the al	ll bove-named co	prporation submits this statement for the p	
office or re agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the coli	ie of Florida. Such chang gations of, Section 607.0	e was authorize 505, Florida Stat	d by the corpor lutes.	orporation submits this statement for the plation's board of directors. I hereby accept	
SIGNATURE	Boi V. Clark				10	
	Signature, typied or printed name of registured a	igent and title if applicable ND DIRECTORS		d Agent signature rec	guired when reinstating)	DATE CTOPS IN 40
12.	OFFICENS AI	DELI	13.	11.5	ADDITIONS/CHANGES TO OFFIC	Change Additi
TITLE	CLARK, LOIS F	اران الس	2	1		
NAME	9138 LESWOOD ST.		1.2 N/		6000023	31736 SI
STREET ADDRESS	ORLANDO FL 32825			IREET ADDRESS	-10/28/3	701068009
CITY-ST-ZIP	D D	DELI		TY-ST-ZIP	非序準度了SL	.00 <u>   ****750.00</u>      Change     Additi
TITLE	CLARK, CHARLES T		<del></del>			Cleanings Cl Vocati
NAME	9138 LESWOOD ST.		2.2 N/	ſ		
STREET ADDRESS	ORLANDO FL 32825			TREET ADDRESS		
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1	CLARK, GEOFFREY C		4	ł	٠,	Change (2 Abon
NAME	5500 WESTVIEW DR.		3.2 N/	i		
STREET ADDRESS	ORLANDO FL 32810			IREET ADDRESS		
CITY-ST-ZIP TITLE	VINCTION IL SEGIO	DEU		TIF		Change Addition
	r	E1 Mid	4.1 II 4.2 N	J		La viange La Route
NAME DIOCET ADDOCCO						
STREET ADDRESS				IREET ADDRESS		
CTY-ST-ZIP		☐ DELE		TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Additi
		الله الله		1	•	E Grange E Munici
NAME			5.2 N/			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		DELE		ITY-\$1-2IP		Change Addition
TITLE		בן סוננ	•		$\cap$	All A De Change Li Adollin
NAME			6.2 N/		$\mathcal{U}_{i}$	alaw Change Li Addilio
STREET ADDRESS			1	IREET ADDRESS		10123191
CITY-ST-ZIP	ou carlify that the information supplies	ad with this filing stope he		TY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes	10 010 1
information	n Indicated on this annual report or	supplemental annual rep	ort is true and a	accurate and the	at my signature shall have the same legal ort as required by Chapter 607, Florida Si	effect as if made under oath; the
appears in	n Block 12 or Block 13 if changed,	or on an attachment with	an address.	woodie niis ieb	117	7)
	CHARLE	11/10/11/20	- 10 mar 10 Cm	E ES	ala lon	1632-4422
SIGNAT	URE: CLASIOS	WILLIAM	<b>50</b> 000	ED	9/12/197	1632-4422