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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000084159 (8)**

1. Corporation Name
SAXON - CLARK INC.

Principal Place of Business	Mailing Address
2417 EDGEWATER DRIVE **ORLANDO FL 32804**	**2417 EDGEWATER DRIVE** **ORLANDO FL 32804-5303**

3. Date Incorporated or Qualified: **10/11/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 2417 Edgewater DR.
22 Suite, Apt. #, etc:
23 City & State: ORLANDO, FL
24 Zip: 32804 25 Country: USA

2a. Mailing Address
26 2417 Edgewater DR.
27 Suite, Apt. #, etc:
28 City & State: ORLANDO, FL
29 Zip: 32804 30 Country: USA

4. FEI Number: 59-3429238 ☐ 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

9. Name and Address of Current Registered Agent

SAXON, DONALD
301 HUMMINGBIRD LANE
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DONALD SAXON		1.2 NAME		
STREET ADDRESS	301 Hummingbird Lane		1.3 STREET ADDRESS		
CITY-ST-ZIP	Longwood, FL 32779		1.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Thomas CLARK		2.2 NAME		
STREET ADDRESS	301 Humming bird Lane		2.3 STREET ADDRESS		
CITY-ST-ZIP	Longwood, FL 32779		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Thomas P. Clark THOMAS P. CLARK 4/26/97 407-481-2181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #