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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14 1997 8:00am Secretary of State

DOCUMENT # P96 1. Corporation Name	000100031 (9)	
CLARK SERVICES, INC.		
Principal Place of Business	Mailing Address	1 100/109/ 108 100/0 04/4 06/10 80/45 06/65 1/0/1 00/11 89/45 06/61 14/65 110

Principal Place 5090 BRUCE LI OVIEDO FL 327	ANE	Mailing Address 5080 BRUCE LANE OVIEDO FL 32765-8636	8			
				3. Date Incorporated or Qualified 12/09/1996	3a. Date of Le	ast Report
· ·	lace of Business	2a. Mailing Address		4 FEI Number		Applied For
Suite, Apt.	# ric	Suite, Apt. #, etc.		59-3417211	- 60	Not Applicable 75 Additional
22	π, Cit.	27		5. Certificate of Status Desired		ro Additional se Required
City & State	e	City & State	**************************************	6. Election Campaign Financing	\$5	.00 May Be
23		28		Trust Fund Contribution		lded to Fees
Zip	Country 25	Zip	Country 30	This corporation has liability for I Florida Statutes	intangible tax und] Yes □ No	der s. 199.032,
24	9. Name and Address of Curr	29 ent Registered Agent	[30]	10. Name and Address of New Re		
CLAI	RK, LINDA D		81 Name			
9727 ORIJ	NHARBORVIEW ORIVE ANDO 54-32817 8980 Palos Ve Orlando 71 to the provisions of Sections 607.0	erde Drive	83 Street Ad	ldress (P.O. Box Number is Not Acceptat 8980 Pales Uerde	Drive	Zip Code
	Orlando, 71	32823		rlando	FLI	32825
11. Pursuant I	to the previsions of Sections 607.0	502 and 607.1508, Florida St	latutes, the above-named co	orporation submits this statement for the pration's board of directors. I hereby access	ourpose of chang	ing its registered
agent La	im familiar with, and accept the obl	igations of Section 607.0505	5, Florida Statutes.	ration's board of directors. Thereby access	or the appointmen	it as registered
SIGNATURE	gran in the grant grant of the segment					, , , , , , , , , , , , , , , , , , ,
12.	Signature, type distribution name of registered a OFFICERS A	AND DIRECTORS	(NOTE Registered Agent signature red	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC	CTORS IN 12
THE	D	DELETE		ADDITIONO OF THE OFFICE	Cha	
NAME	CLARK, WAYNE		1.2 NAME	\mathfrak{D} . \mathfrak{D}	, -	
STHEET ADDRESS	8727 HARBORVIEW DRIVE		1.3 STREET ADDRESS	00 Palos Verde :	Drive	
	ORLANDO FL 32817		1.4 CITY - ST - ZIP	Orlando 71 32	825	
CITY - ST - ZIP						
CITY - ST - ZIP TILLE	0	☐ DELETE	2.1 TITLE		Cha	ange 🔲 Addition
	CLARK, AUBREY	☐ DEL ETÉ	2.1 TITLE 2.2 NAME		☐ Cha	ange 🔲 Addition
TILE	CLARK, AUBREY 5080 BRUCE LANE	DELETE			☐ Cha	ange 🔲 Addition
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TITLE NAM: STREE: ADDRESS CITY: ST-ZIF TITLE	CLARK, AUBREY 5080 BRUCE LANE	DELETÉ	2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE		i Citi	ange Addition
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TILE NAME STREE: ADDRESS CHY: SL-ZIF TILE NAME STREEL ADDRESS	CLARK, AUBREY 5080 BRUCE LANE	_	2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		i Citi	
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upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oat the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address.