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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700008585 (6)

DAVID CLARK PROPERTIES, INC.

Mailing Address

FILED

Secretary of State

Apr 17 1998 8:00 am

Principal Place of Business	Mailing Address			t anntibbli ein tatti jakti dettil entil fakti detti detti detti jakti jakti pist niibi niidi niiti niiti niiti
4665 BOHEMIA PLACE 4665 BOHEI		VIA PLACE		
PENSACOLA FL 32504	PENSACOLA FL 32504			
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				01/23/1997
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	26			59-3432095 Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22	27	·		Fee Required
Gity & State	City & State			6. Election Campaign Financing \$5.00 May Be
23	28		-:	1 rust Fund Contribution Added to Fees
Zip Country	Zip	 	intry	b. This corporation owes of has paid the correct year intangible
24 . 25 9. Name and Address of Cu	29	30	т	Personal Property Tax due June 30. Yes No
LOZIER, DANIEL R	Trent negistered Agent		81 1	10. Name and Address of New Registered Agent
	F 004		" '	Name
125 W. ROMANA STREET, SUIT	E 224		82 5	Street Address (P.O. Box Number is Not Acceptable)
PENSACOLA FL 32501				
			83	
,			84 (City 85 Zip Code
				FL V FL
11. Pursuant to the provisions of Sections 607.	0502 and 607.1508, Florida Statutate of Florida, Such change was	utes, the at	bove-n	e-named corporation submits this statement for the purpose of changing its registered y the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the of	oligations of, Section 607.0505, F	lorida Stat	utes.	s.
SIGNATURE				
Signature, typed or printed name of registered			1 Agents	en: signature required when reinstating) DATE
12. OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PAPIDENT DIN NAME STREET ADDRESS TO THE PAPID T. C.L. STREET ADDRESS TO THE PAPER TO	- Total	11 10		Change Addition
NAME DAVID T. CL	AKT	1.2 NA		
STREET ADDRESS 401 B. Chase	57, 42 103	1.3 ST	REET ADI	ADDRESS
UITY-SI-ZIP HEASOLCOLA, P	L, 5250		TY-SI-Z	
iner	☐ DELETE	2.1 111		Change Addition
NAME		2.2 NA	AME	
STREET ADDRESS		2.3 ST	REET ADD	ADDRESS
CITY-ST-ZIP		2. 4 CI	ITY-ST-Z	ST-ZIP
TITLE	DELETE	3.1 TIT	TLE	☐ Change ☐ Addition
NAME		3.2 NA	ME	
STREET ADDRESS		3 3 ST	REET ADE	ADDRESS
CITY-ST-ZIP		3 4. CI	TY-\$T- <i>Z</i>	ST - ZIP
TITLE	DELETE	4.1 111	LE	Change Addition
NAME		4. 2 NA	AME	
STREET ADDRESS		4.3 ST	REET ADD	ADDRESS
CITY-ST-ZIP		4.4 GIT	<u> </u>	T-ZIP
TITLE	DELETE	5.1 TiT		-04/20/9801078032
NAME		5.2 NA	ME	- 04/20/9801078032
STREET ADDRESS		5.3 STI	REET ADD	ADDRESS ****150.00
CITY-ST-ZIP		5.4 CIT	[Y-S1-ZI	7-210
TITLE	DELETE	6.1 TIT		Change Addition
NAME		6.2 NA	ME	00
STREET ADDRESS				ADDRESS PE Y.13
CITY-ST-ZIP			Y-91.71	1-7P Y-13

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 offect 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 advices.