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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90091 015 ***150.00

DOCUMENT # P9700030728

1. Corporation Name

CLARK DEVELOPMENT CO.

Principal Place of Business

CTC C MUCKLIALI DD

Mailing Address

575 S WICKHAM RD

W MELBOURNE FL 32904 W MELBOURNE FL 32904		DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed 04/04/1997
2. Principal Place of Business	2a, Mailing Address	4. FEI Number Applied For
21	26	59-3449267 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip Coo	untry 8. This corporation owes the current year Intangible Personal Property Tax. ✓ Yes □ No
g, Name and Address of Cur	rent Registered Agent	10. Name and Address of New Registered Agent
CLARK, COY A		81 Name
575 S WICKHAM RD		82 Street Address (P.O. Box Number is Not Acceptable)
W MELBOURNE FL 32904		83
•		84 City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes, the a	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 tagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	OOTC. D.	-t-t	required when reinstating) DATE	
		garage and a second sec		
12.		13.		
TILLE		1.1 TITLE	,,,,	
NAME	CLARK, COY A	1.2 NAME	COY A CLARK	
STREET ADDRESS	575 S WICKHAM RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	W MELBOURNE FL 32904	1.4 CITY-ST-ZIP	WEST MEROURNE PL 32904	
TITLE	☐ DELETE	2.1 TITLE	Change Addition	
NAME	•	2.2 NAME	·	
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		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	d in Section 119 07(3)(i) Florida Statutes i further certify that the information	

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 turner 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, with all other like empowered.