


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90210 024 \*\*\*300.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000071837

1. Corporation Name  
**CLARY UTILITY LOCATION, INC.**

## Principal Place of Business

3830 CROWN POINT ROAD  
 SUITE A  
 JACKSONVILLE FL 32257

## Mailing Address

3830 CROWN POINT ROAD  
 SUITE A  
 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

08/19/1997

## 4. FEI Number

59-3463390

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

## 6. Election Campaign Financing

☐

\$5.00 May Be  
 Added to Fees

## 8. This corporation owes the current year intangible Personal Property Tax.

☐ Yes ☒ No

## 2. Principal Place of Business

21 Suite, Apt. #, etc.

## 22 City &amp; State

## 23 Zip

## 25 Country

## 2a. Mailing Address

26 Suite, Apt. #, etc.

## 27 City &amp; State

## 28 Zip

## 30 Country

## 9. Name and Address of Current Registered Agent

CLARY, GREGORY B  
 3830 CROWN POINT ROAD  
 SUITE A  
 JACKSONVILLE FL 32257

## 10. Name and Address of New Registered Agent

81 Name **Ward, Douglas A**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1301 Gulf Life Bldg Ste 1500**  
 83  
 84 City **Jacksonville** FL 85 Zip Code **32207**

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

5-10-99

## 12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARY, GREGORY B	
STREET ADDRESS	3830 CROWN POINT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99 904-260-2700

CR2E034 (1/98)