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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000073637**1. Corporation Name

CLARK CONSTRUCTION AND DEVELOPMENT INC.

	1.00					
Principal Place of Business Mailing Address						
5149 CAMBRY I	LANE	5149 CAMBR	5149 CAMBRY LANE			
LAKELAND FL	33805	LAKELAND F	LAKELAND FL 33805			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						08/21/1998
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number Applied For
21		26				59-3541287 Not Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22	grant of the second	27				Fee Required
City & State City			City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	_	Country	<i>t</i>	8. This corporation owes the current year Intangible
24	25 29 30 ~			<u> </u>		Personal Property Tax. Yes No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81	Name	
	rk, william r Jr		•		Street Add	ress (P.O. Box Number is Not Acceptable)
	CAMBRY LANE		•		00017.100	
LAKI	ELAND FL 33805			83		•
						OF L To Code
		•		84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508.	Florida Statutes.	the abov	e-named corp	poration submits this statement for the purpose of changing its registered
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.						
agent. I a	m familiar with, and accept the oblig	ations of, Section	607.0505, Flanda	a Statutes	5.	
SIGNATURE		town W and beattle	/NOTE: BA	outomd Ago	at signatura require	red when reinstating) DATE
12.	Signature, typed or printed name of registered ac	ND DIRECTORS	(NOTE: No	13.	nt synature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DISIT	THE DIRECTOR	☐ DELETE	1.1 TITLE		Change Addition
	151	V *-		1.2 NAME		
NAME		rk Jc			TADODECC	
STREET ADDRESS 5149 Cambry Lane		مرم د	1.3 STREET ADDRE			
CITY-\$T-ZIP	Lakeland Fl. J	<u> 3803</u>	C no care	1.4 CITY-8	ST-ZIP	☐ Change ☐ Addition
TITLE	V/	. 1/	DELETE	2.1 TITLE	}	
NAME	Lorraine M. C			2.2 NAME	ŀ	
STREET ADDRESS	5149 Cambry Lan	. د	•	2.3 STREE	TADDRESS	_
CITY-ST-ZIP	Lakeland FL 33805- 2		2. 4 CITY	ST-ZIP		
TITLE			3.1 TITLE	1	☐ Change ☐ Addition	
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREE	T ADDRESS	
CITY-ST-ZIP				3.4. CITY-	ST-ZIP	
TITLE			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		•		4. 2 NAME	.	
					T ADDRESS	
STREET ADDRESS				4.4 CITY-5		
CITY-ST-ZIP			☐ DELETE	5.1 TITLE	51-ZIF	☐ Change ☐ Addition
TITLE				5.1 IIILE		
NAME	1				T ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP			□ pereze	5.4 CITY-5 6.1 TITLE	51-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE			☐ Change ☐ Addition
NAME	i			6.2 NAME	ı	

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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GOFFICER OR DIRECTOR

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90097 017 ***158.75