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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S08791 (3)

1. Corporation Name
CLARKE TRUCKING, INC.



Principal Place of Business Mailing Address
RT-2 BOX-199-23 Rt 2 Box 4002
LAKE CITY FL 32024 LAKECITY FL 32025-8603
US US

3. Date Incorporated or Qualified 10/25/1990
3a. Date of Last Report 01/30/1996
4. FEI Number 59-3035257
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 RT 2 Box 4002 26 RT 2 Box 4002
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Lake City, FL 28 Lake City, FL
24 Zip 32024 25 Country US 29 Zip 32024 30 Country US

9. Name and Address of Current Registered Agent
CLARKE, JOHN L., JR.
RT-2 BOX-199-23 Rt 2 Box 4002
LAKE CITY FL 32024

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D ☐ DELETE
NAME CLARKE, JOHN L., JR.
STREET ADDRESS RT-2 BOX-199-23 Rt 2 Box 4002
CITY-ST-ZIP LAKE CITY FL
TITLE D ☐ DELETE
NAME CLARKE, TAMMY L.
STREET ADDRESS RT-2 BOX-199-23 Rt 2 Box 4002
CITY-ST-ZIP LAKE CITY FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 23 if changed, or on an attachment with an address.

SIGNATURE: *John L. Clarke Jr* John L. Clarke Jr 2/24/97 904 758 7959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)