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May 07 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 # S19331 (5)

1. Corporation Name

JOHN E. CLACK & ASSOCIATES, INC.

Principal Place of Business

4400 HIGHWAY 20 EAST  
SUITE 208  
NICEVILLE FL 32578

Mailing Address

4400 HIGHWAY 20 EAST  
SUITE 208  
NICEVILLE FL 32578-9735

3. Date Incorporated or Qualified  
12/14/1990

3a. Date of Last Report  
03/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

59-3043799

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLACK, JOHN E.  
4400 HIGHWAY 20 EAST  
SUITE 208  
NICEVILLE FL 32578

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

Signature type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME CLACK, JOHN E.  
STREET ADDRESS 126 BAYWIND DRIVE  
CITY- ST- ZIP NICEVILLE FL

TITLE DS  
NAME CLACK, ELAINE G.  
STREET ADDRESS 126 BAYWIND DRIVE  
CITY- ST- ZIP NICEVILLE FL

TITLE VD  
NAME HENGST, MARTIN D.  
STREET ADDRESS 100 BAYWIND DRIVE  
CITY- ST- ZIP NICEVILLE FL

TITLE D  
NAME HENGST, PATRICIA A.  
STREET ADDRESS 100 BAYWIND DRIVE  
CITY- ST- ZIP NICEVILLE FL

TITLE D  
NAME CLACK, JEFF P.  
STREET ADDRESS 8 HOLLY ROAD  
CITY- ST- ZIP CRESTVIEW FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
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 13 if changed, or on an attachment with an address.

SIGNATURE:

MARTIN D. HENGST

4/29/97 (904) 897-3884

Date Daytime Phone #

CR2E034 (9/96)