

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**FILED**  
**May 22 1998 8:00am**  
**Secretary of State**

**DOCUMENT #**  
1. Corporation Name

819331

John E. Clack & Associates, Inc.

Principal Place of Business  
4400 Hwy 20 East  
Suite 208  
Niceville, FL 32578

Mailing Address  
P. O. Box 5159  
Niceville, FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10 April 1991

2. Principal Place of Business  
21 4400 Hwy 20 East

2a. Mailing Address

4. FEI Number  
59-3043799

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 208

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

23 Niceville

28 Niceville, FL

Zip  
24 32578

Country  
25 USA

Zip  
29 32578

Country  
30 USA

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John E. Clack  
126 Baywind Drive  
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. Each 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

John E. Clack

28 April 1998

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Vice President ☒ DELETE  
NAME Martin D. Hengst  
STREET ADDRESS 100 Baywind Drive  
CITY-ST-ZIP Niceville, FL 32578

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

TITLE President ☐ DELETE  
NAME Jeff P. Clack  
STREET ADDRESS 8 Holly Rd.  
CITY-ST-ZIP Crestview, FL 32539

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

TITLE President ☐ DELETE  
NAME John E. Clack  
STREET ADDRESS 126 Baywind Dr.  
CITY-ST-ZIP Niceville, FL 32578

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

TITLE Secretary ☐ DELETE  
NAME Elaine Clack  
STREET ADDRESS 126 Baywind Dr.  
CITY-ST-ZIP Niceville, FL 32578

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(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:

John E. Clack

28 April 1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Starting Phone # 0514466