FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S71556** **(2)**

1. Corporation Name

JOHN S. CLARK COMPANY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1468 MOUNT AIRY NC 27030	P.O. BOX 1468 MOUNT AIRY NC 27030

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **08/07/1991**

3a. Date of Last Report: **06/28/1995**

4. FEI Number: **56-1751248** ☐ 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

THE PRENTICE-HALL CORP. SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32030

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 607.0505 and 607.1508, Florida Statutes, this 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	FERGUSON, ROBERT D.		12 NAME		
STREET ADDRESS	599 LEXINGTON AVE #1400		13 STREET ADDRESS	1177 Ave of the Americas 44th & 45th Flrs	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	MILO, RALPH		22 NAME		
STREET ADDRESS	599 LEXINGTON AVE #1400		23 STREET ADDRESS	1177 Ave of the Americas 44th & 45th Flrs	
CITY-ST-ZIP	MEW YORK NY		24 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	VAUGHN, C. RICHARD		32 NAME		
STREET ADDRESS	450 AIRPORT ROAD		33 STREET ADDRESS		
CITY-ST-ZIP	MOUNT AIRY NC		34 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	41 TITLE	VD	☐ Change ☒ Addition
NAME	LICHTENSTEIN, DAVID S.		42 NAME	Bain, Jim	
STREET ADDRESS	599 LEXINGTON AVE #1400		43 STREET ADDRESS	1177 Ave of the Americas 44th & 45th Flrs	
CITY-ST-ZIP	NEW YORK NY		44 CITY-ST-ZIP	New York, NY 10036	
TITLE	STD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	VENABLE, MONTY K.		52 NAME		
STREET ADDRESS	450 AIRPORT ROAD		53 STREET ADDRESS		
CITY-ST-ZIP	MOUNT AIRY NC		54 CITY-ST-ZIP		
TITLE	P	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HENNINGS, JOE B		62 NAME		
STREET ADDRESS	450 AIRPORT ROAD		63 STREET ADDRESS		
CITY-ST-ZIP	MOUNT AIRY NC 27030		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet with an address.

SIGNATURE: Richard Bain 03/22/96 910/789-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

CR2E034 (12/95)