

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

FILED
Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 27030-1468



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1991		3a. Date of Last Report 03/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-1751248		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORP. SYSTEM, INC. 1201 HAYES ST STE 105 TALLAHASSEE FL 32030				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, typed 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	D	FERGUSON, ROBERT D.						<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		1177 AVE OF THE AMERICAS 44TH & 45TH FLRS								1.2 NAME						
STREET ADDRESS		NEW YORK NY								1.3 STREET ADDRESS						
CITY - ST - ZIP										1.4 CITY - ST - ZIP						
TITLE	D	MILO, RALPH						<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		1177 AVE OF THE AMERICAS 44TH & 45TH FLRS								2.2 NAME						
STREET ADDRESS		MEW YORK NY								2.3 STREET ADDRESS						
CITY - ST - ZIP										2.4 CITY - ST - ZIP						
TITLE	CD	VAUGHN, C. RICHARD						<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		450 AIRPORT ROAD								3.2 NAME						
STREET ADDRESS		MOUNT AIRY NC								3.3 STREET ADDRESS						
CITY - ST - ZIP										3.4 CITY - ST - ZIP						
TITLE	VD	BAIN, JIM						<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		1177 AVE OF THE AMERICAS 44TH & 45TH FLRS								4.2 NAME						
STREET ADDRESS		NEW YORK NY								4.3 STREET ADDRESS						
CITY - ST - ZIP										4.4 CITY - ST - ZIP						
TITLE	STD	VENABLE, MONTY K.						<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		450 AIRPORT ROAD								5.2 NAME						
STREET ADDRESS		MOUNT AIRY NC								5.3 STREET ADDRESS						
CITY - ST - ZIP										5.4 CITY - ST - ZIP						
TITLE	P	HENNING, JOE B						<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		450 AIRPORT ROAD								6.2 NAME						
STREET ADDRESS		MOUNT AIRY NC 27030								6.3 STREET ADDRESS						
CITY - ST - ZIP										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, as changed, or on an attachment with an address.

SIGNATURE:


Monty K. Venable Secretary/Treasurer

1-7-97 910-789-1000

Date Daytime Phone #

0000000

CR2E034 (9/96)