

DOCUMENT # J35944

1. Entity Name
CLEM CONSTRUCTION COMPANY, INC.

Principal Place of Business

RT. 1, BOX 146T
BUNNELL FL 32010

Mailing Address

RT. 1, BOX 146T
BUNNELL FL 32010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2763925**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOUR, RONALD A.
533 NORTH NOVA ROAD
SUITE 112
ORMOND BEACH FL 32074

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	CLEM, TRUDIE N.	
STREET ADDRESS	RT. 1, BOX 146T	
CITY-ST-ZIP	BUNNELL FL	
TITLE	DP	☐ Delete
NAME	CLEM, JAMES K.	
STREET ADDRESS	RT. 1, BOX 146T	
CITY-ST-ZIP	BUNNELL FL	
TITLE	D	☐ Delete
NAME	CLEM, BRUCE ALLAN	
STREET ADDRESS	38 FERNDAL LANE	
CITY-ST-ZIP	PALM COAST 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James K. Clem JAMES K. Clem Pres

1-06-01

Date

904-437-2645

Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90047 019 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)