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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P24940 (9)

1. Corporation Name

CLANCY & THEYS CONSTRUCTION CO.

Principal Place of Business

PO BOX 11008
RALEIGH NC 27604

Mailing Address

PO BOX 11008
RALEIGH NC 27604



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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9. Name and Address of Current Registered Agent

POSTON, WILLIAM C
12729 BUTLER BAY CT
WINDERMERE FL 34786

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 the agent's name

Signature typed or printed name of registered agent and the agent's name

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PT CLANCY, DAVID T. DELETE

201 WEST PARK STREET

RALEIGH NC

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V CLANCY, JOEL T. DELETE

8601 COLD SPRINGS RD.

RALEIGH NC

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VS OAKLEY, ANDREW L. DELETE

8912 RENDELL RD

RALEIGH NC

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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30. TITLE NAME STREET ADDRESS CITY-STATE-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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

(919) 834 3601

CR2E034 (12/95)