

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 # 204280 (2)

1. Corporation Name
CLEVENGER CORPORATION



Principal Place of Business: 10718 TUCKER ST. PO BOX 367 BELTSVILLE MD 20704-7367
Mailing Address: 10718 TUCKER ST. PO BOX 367 BELTSVILLE MD 20704-7367

3. Date Incorporated or Qualified: 07/17/1957
3a. Date of Last Report: 01/20/1995
4. FEI Number: 52-0702240
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

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

9. Name and Address of Current Registered Agent

ALLBRITTON, OWEN S., ESQ.
425 SOUTH GARDEN AVENUE
CLEARWATER FL 33516

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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 based on last date of expiration and then applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
 DELETE
 1. NAME: P CLEVENGER, CLIFTON, JR
 2. STREET ADDRESS: 10718 TUCKER STREET
 3. CITY-ST-ZIP: BELTSVILLE MD
 4. TITLE: VP
 DELETE
 2. NAME: ALBRIGHT, RODNEY
 3. STREET ADDRESS: 10718 TUCKER ST.
 4. CITY-ST-ZIP: BELTSVILLE MD
 5. TITLE: S
 DELETE
 3. NAME: CLEVENGER, DAVID
 4. STREET ADDRESS: 10718 TUCKER STREET
 5. CITY-ST-ZIP: BELTSVILLE MD
 DELETE
 4. NAME:
 5. STREET ADDRESS:
 6. CITY-ST-ZIP:
 DELETE
 5. NAME:
 6. STREET ADDRESS:
 7. CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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)(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 if changed, or on an attachment with an address.

SIGNATURE:

Clifton Cleverger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)