


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

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Apr 28 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 # 380635 (3)

1. Corporation Name  
C. L. INDUSTRIES, INC.

Principal Place of Business  
1616 SOUTH 14TH STREET  
P.O. BOX 490300  
LEESBURG FL 34749-7300

Mailing Address  
1616 SOUTH 14TH STREET  
P.O. BOX 490300  
LEESBURG FL 34749-0300  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1971		3a. Date of Last Report 05/01/1996	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-1403230		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		CONSOL.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREGG, F. BROWNE 1616 SOUTH 14TH STREET LEESBURG FL 34748				RETURN			
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, 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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	CD	NAME		1.1 TITLE	1.2 NAME		
STREET ADDRESS	GREGG, F BROWNE	1616 S. 14TH ST.		1.3 STREET ADDRESS	1.4 CITY - ST - ZIP		
CITY - ST - ZIP	LEESBURG FL			2.1 TITLE	2.2 NAME		
TITLE	ST	NAME		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP		
STREET ADDRESS	DARNELL, W REID	1616 SO 14TH STREET		3.1 TITLE	3.2 NAME		
CITY - ST - ZIP	LEESBURG FL			3.3 STREET ADDRESS	3.4 CITY - ST - ZIP		
TITLE	V	NAME		4.1 TITLE	4.2 NAME		
STREET ADDRESS	HORTON, FRED JR.	8188 S. ORANGE AVE.		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP		
CITY - ST - ZIP	ORLANDO FL			5.1 TITLE	5.2 NAME		
TITLE	P	NAME		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP		
STREET ADDRESS	LUNDERDTADT, CARL H.	1616 S. 14TH ST.		6.1 TITLE	6.2 NAME		
CITY - ST - ZIP	LEESBURG FL			6.3 STREET ADDRESS	6.4 CITY - ST - ZIP		
TITLE		NAME		JONES, GARY L.			
STREET ADDRESS				1616 S 14TH ST			
CITY - ST - ZIP				LEESBURG FL			
TITLE		NAME					
STREET ADDRESS							
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 if changed, or on an attachment with an address.

SIGNATURE:

*Wm. H. Darnell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97  
Date

352 787 0608  
Daytime Phone #

0468257

CR2E034 (9/96)