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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 380635

(3)

C. L. INDUSTRIES, INC.

FILED Apr 20 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Addre	Mailing Address		T TODOLOG STING SELLIC BRICED SELDE PURE GEDEL BIRES BERES BERES DINES, UND SE		
1616 SOUTH 14TH STREET		1616 SOUTH	14TH STREET				
P.O. BOX 490300			P.O. BOX 490300		DO NOT WRITE IN THIS SPACE		
LEESBURG FL 34749-7300			LEESBURG FL 34749-0300 US		3. Date Incorporated or Qualified		
		00			04/16/1971	anneu	
2. Principal Pi	ace of Business	2a. Mailing Ad	Idress		4. FEI Number	Applie	ed For
21		26			59-1403230		pplicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			\$8.75 Add	
22		27	27		5. Certificate of Status Desir	ed Fee Requi	
City & State		City & Sta	City & State		6. Election Campaign Finance	cing \$5.00 Ma	v Be
23		28			Trust Fund Contribution	Added to F	00s
Zip	Country	Zip	[c	ountry	· ·	has paid the current year Intang	-
24	25	29	30	<u> </u>	Personal Property Tax du		<u>lo</u>
		f Current Registered Agen	<u> </u>	81 Name	10. Name and Address of N	lew Registered Agent	
GREGG, F. BROWNE				81 Name			
	8 SOUTH 14TH STREET		82 Street Ad		dress (P.O. Box Number is Not Ac	ceptable)	
LEE	SBURG FL 34748			20			
				83			
				84 City		B5 Zip Coc	ie
dd Diwa and t	a the available of Continue	007 0500 and 607 4500 Ft	ole Chatutes the		rporation submits this statement for	FL 69 Zip Coo	
office or re	o the provisions of Socions a giste red agent, or both, in the n familiar with, and accept the	he State of Florida Such ch	ange was authoriz	ed by the corpor	ation's board of directors. I hereby	r accept the appointment as reg	jistered
SIGNATURE					·		
	Signature, typed or printed name of reg	ERS AND DIRECTORS	(NOTE Registe	red Agent signature req	·	OFFICERS AND DIRECTORS IN	N 10
12.	CD			TITLE	ADDITIONS/CHANGES TO		Addition
NAME	GREGG, F BROWNE			NAME		Onungo	
STREET ADDRESS	1616 S. 14TH ST.			STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL			CITY-ST-ZIP			
TITLE	8			TITLE		Change	Addition
NAME	DARNELL, W REID			NAME			_
STREET ADDRESS	1616 SO 14TH STREE	т		STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL	•		CITY-ST-ZIP		• • •	
TITLE	V			TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	HORTON, FRED JR.		3.2	NAME			
STREET ADDRESS	8188 S.ORANGE AVE.		3.3	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		3.4.	CITY-ST-ZIP			
TITLE	P			TITLE		Change	Addition
NAME	LUNDERDTADT, CARL	Н.	4. 2	NAME			
STREET ADDRESS	1616 S. 14TH ST.		4.3	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL		4.4	CITY-ST-ZIP			
TITLE	Ī		DELETE 5.1	TITLE		Change	Addition
NAME	JONES, GARY L		5.2	NAME			
STREET ADDRESS	1616 S 14TH STREET		5.3	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL			CITY-ST-ZIP			
TITLE			DELETE 6.1	TITLE		☐ Change ☐	Addition
NAME			6.2	NAME			
STREET ADDRESS			6.3	STREET ADDRESS			
CITY-ST-ZIP			6.4	CITY-ST-ZIP			

14. 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 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: While I was a supplemental annual report in 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.