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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 8:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 386560

(7)

1. Corporation Name

CLARK BOILER & MANUFACTURING, INC.

Principal Place of Business

6405 NEW TAMPA HIGHWAY
LAKELAND FL 33801
US

Mailing Address

6405 NEW TAMPA HIGHWAY
LAKELAND FL 33801
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

26 Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28

24 Country

29

25 Ap

30

26 Country

9. Name and Address of Current Registered Agent

**VALE, MARCOS A.
1125 N.E. 7TH AVENUE
DANIA FL 33004**

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 title if applicable

NOTE: Registered Agent signature required when renaming

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CHRISTOPHER, LEN
STREET ADDRESS 1125 N.E. 7TH AVE.
CITY-ST-ZIP DANIA FL

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE D
NAME SILIUNAS, VIDA
STREET ADDRESS 1125 N.E. 7TH AVE.
CITY-ST-ZIP DANIA FL

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE T
NAME VALE, MARCOS
STREET ADDRESS 1125 NE 7TH AVE
CITY-ST-ZIP DANIA FL

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE S
NAME GAVIRIA, MARIA AMPARO
STREET ADDRESS 1125 NE 7TH AVE
CITY-ST-ZIP DANIA FL

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE P
NAME DIXON, GERALD
STREET ADDRESS 6405 NEW TAMPA HWY
CITY-ST-ZIP LAKELAND FL

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that no information supplied with this filing is voluntarily furnished and does not qualify for the exemption granted in Section 110.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CB12000

OF