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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H04143

(4)

1. Corporation Name

CLEMENTS ENTERPRISES, INC.

Principal Place of Business
1249 WEEPING WILLOW LANE
ROCKLEDGE FL 32955

Mailing Address
P O BOX 561207
ROCKLEDGE FL 32956-1207
US

3. Date Incorporated or Qualified
05/18/1984

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 1209 Winding Meadow Rd.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Rockledge

Zip

24 32955

Country

25 FL

City & State

28 Rockledge

Zip

29 32955

Country

30 FL

4. FEI Number

59-2410097

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

9. Name and Address of Current Registered Agent

CLEMENTS, PENNY G.
1249 WEEPING WILLOW LANE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1209 Winding Meadow Rd.

84 City

Rockledge

FL

85 Zip Code

32955

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

TITLE PSTD
NAME CLEMENTS, PENNY G.
STREET ADDRESS 1249 WEEPING WILLOW LN.
CITY-ST-ZIP ROCKLEDGE FL

☐ DELETE

TITLE V
NAME CLEMENTS, J D
STREET ADDRESS 1249 WEEPING WILLOW LANE
CITY-ST-ZIP ROCKLEDGE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1209 Winding Meadow Rd.
Rockledge, FL 32955

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1209 Winding Meadow Rd.
Rockledge, FL 32955

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97 401 693 4459

0110040

CR2E034 (9/96)