FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 19 AM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J04798** **(1)**

1. Corporation Name
THE CLARK BUILDING CORPORATION OF CENTRAL FLORID A

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1225 BENNETT DRIVE. SUITE #106 LONGWOOD FL 32750	1225 BENNETT DRIVE. SUITE #106 LONGWOOD FL 32750

3. Date Incorporated or Qualified: **03/14/1986**
3a. Date of Last Report: **07/20/1994**

2. Principal Place of Business
21: 133 TARRY TOWN TRAIL
22 Suite, Apt. #, etc.: 133 TARRY TOWN TRAIL
23 City & State: LONGWOOD FL
24 Zip: 32760
25 Country:

2a. Mailing Address
26: 133 TARRY TOWN TRAIL
27 Suite, Apt. #, etc.: LONGWOOD FL. 32750
28 City & State:
29 Zip: 32750
30 Country:

4. FEI Number: **59-2656347** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, PETER W.
1225 BENNETT DRIVE, SUITE #106
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 133 TARRY TOWN TRAIL
83:
84 City: LONGWOOD FL 85 Zip Code: 32750

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: Peter W. Clark Pres. DATE: 4-13-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, PETER W. 1225 BENNETT DRIVE, #106 LONGWOOD FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition D CLARK, PETER W 133 TARRY TOWN TRAIL LONGWOOD, FL 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, BARBARA 1225 BENNETT DRIVE, #106 LONGWOOD FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition D CLARK, BARBARA F. 133 TARRY TOWN TRAIL LONGWOOD, FL 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 added by attachment with an address.

SIGNATURE: [signature] 4/13/95 (407) 834-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #
Peter W. Clark

0041811 CF