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APPROVED AND FILED

05 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J21103** (3)
1. Corporation Name
CLEVENGER WOODWORKS INC.

Principal Place of Business: **RT. 3, BOX 5302 CRAWFORDVILLE FL 32327**
Mailing Address: **RT. 3, BOX 5302 CRAWFORDVILLE FL 32327**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/25/1986**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21 139 Hickory Wood DR**
2a. Mailing Address: **26 139 Hickory Wood DR**
City & State: **23 CRAWFORDVILLE FL**
City & State: **28 CRAWFORDVILLE FL**
Zip: **24 32327** Country: **25 U.S.A.** Zip: **29 32327** Country: **30**

4. FEI Number: **59-2687991**
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. The corporation has liability for arrears under S. 198 (199 Florida Statutes): Yes No

9. Name and Address of Current Registered Agent
**O'BRIEN, DIANNE
6523 AQUEDUCT CT
TALLAHASSEE FL**

10. Name and Address of New Registered Agent
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 607.1506, 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 of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLEVENGER, RICKY
STREET ADDRESS	RT 3 BOX 148-C
CITY, ST, ZIP	CRAWFORDVILLE FL
TITLE	VSD
NAME	CLEVENGER, BRENDA
STREET ADDRESS	RT 3, BOX 5302
CITY, ST, ZIP	CRAWFORDVILLE FL
TITLE	TD
NAME	CLEVENGER, DONALD
STREET ADDRESS	RT 2 BOX 24
CITY, ST, ZIP	LIBERTY IN
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	139 Hickory Wood DR
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	139 Hickory Wood DR
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.03(2)(b), 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 I appear on an attachment with an address.

SIGNATURE:  **RICKY CLEVENGER** **5-1-95** **545-1811**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signatures) (Print Name)