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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

SIGNATURE:

Secretary of State DIVISION OF CORPORATIONS

Corporation Name	J40985	(0)						
C.L. CLARK, BUILDING CONTRACTOR, INC.								
incipal Place of Business		Mailing Address			1 -851112 GIII 2:4(1 99116 18191 1811			
Z/O CLARENCE CLARK		C/O CLARENCE CLAI	RK					
605 LAKESIDE HARBOR BOYNTON BEACH FL 33435		605 LAKESIDE HARBOR BOYNTON BEACH FL 33435		ļ.	3. Date incorporated or Qualified	3a. [ate of Last Re	port
SOLINION DENOU LE 22422					11/05/1986		04/28/199	5
Principal Place of Business		2a. Mailing Address			4. FLI Number		1	applied For
FILLOPALL RIVE O DOSINOSS		26			59-2741054			Not Applicable Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Required
		City & State			6. Election Campaign Financing		¥ - · ·	May Be
City & State		28			Trust Fund Contribution			to Fees
Zip Co	ountry	Zip	Country		8. This corporation has liability for Florida Statutes	ormtangibl os ∐No	ie tax under s)	199.032,
25		29 Agent	30	1.	10. Name and Address of New			
g. Name and A	ddress of Current	Registered Agent	81 N	 lame				
OLADIZ OLADENOE			82 S	treet Address	s (P.O. Box Number is Not Accept	table)		
CLARK, CLARENCE 605 LAKESIDE HARBOR BOYNTON BEACH FL 33435								
			83					
			84 0				EL 85 Z	p Code
			1 1	City		-		
Pursuant to the provisions of or registered agent, or both, familiar with, and accept the	Sections 607.0502 in the State of Florid obligations of Sections		atutes, the above namonized by the corpora	,	on submits this statement for the of directors. I hereby accept the a	purpose o ppointmer	f changing its as registered	registered offic if agent. I am
Signature Signature, typed or peake	1. Jash	CLARCINE L EXTENSION ALIVE DIRECTORS	itules, the above nan	ned corporati ation's board		purpose o ppointmer	f changing its at as registered	
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Signature Signature, by ed or park. 12. ILE DP CLARK, CLAR	OFFICE RS AND	CLARCINE L EXTENSION ALIVE DIRECTORS	itules, the above nanorized by the corporates: CLARK WELL Representatives: 13.	ned corporati		purpose o ppointmer	f changing its it as registered It AND DIRECTO	DRS IN 12
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OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 407-732-6526