FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 23 1998 8:00am **PROFIT** FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)J40985 C.L. CLARK, BUILDING CONTRACTOR, INC. Principal Place of Business Mailing Address C/O CLARENCE CLARK C/O CLARENCE CLARK 605 LAKESIDE HARBOR 605 LAKESIDE HARBOR DO NOT WRITE IN THIS SPACE **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 3. Date incorporated or Qualified 11/05/1986 4. FEI Number Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-2741054 Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zipi Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Properly Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CLARK, DANIEL G CLARENCE L. CLARK **605 LAKESIDE HARBOR** Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BCH FL 33435** 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corpora office or registered agent, or txith, in the State of Florida, Such change was authorized by the corporation of the state of the st this statement for the purpose of changing its registered rectors. I hereby accept the appointment as registered OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 12 12. DELETE __ Change Addition TEFLE 1.1 TITLE NAME CLARK, CLARENCE L. 1.2 NAME 605 LAKESIDE HARBOR STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE ٧S CLARK, MARK R 2.2 NAME NAME **605 LAKESIDE HARBOR** STREET ADDRESS 23 STREET ADDRESS **BOYNTON BEACH FL** 2 4 DITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 51 TITLE TITLE

14. Thereby 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

5.2 NAME

6 1 TITLE 62 NAME

DELETE

5 3 STREET ADDRESS 54 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

CITY-ST ZIP

4-77-98

CR2E034

Addition

Change