FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M20887** **(9)**

1. Corporation Name

COFFMAN CLARK CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1419 N.E. 57TH COURT **FT. LAUDERDALE FL 33334**	**1419 N.E. 57TH COURT** **FT. LAUDERDALE FL 33334**

3. Date Incorporated or Qualified: **09/20/1985**

3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business
21 **1600 N.E. 64th Street**
22 Suite, Apt. #, etc.
23 City & State: **Ft. Lauderdale, FL**
24 Zip: **33334** 25 Country

2a. Mailing Address
26 **1600 N.E. 64th Street**
27 Suite, Apt. #, etc.
28 City & State: **Ft. Lauderdale, FL**
29 Zip: **33334** 30 Country

4. FEI Number: **59-2578272** ☐ 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

COFFMAN, O.E. JR.
1419 N.E. 57TH CT.
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1600 N.E. 64th Street
83
84 City: Ft. Lauderdale, FL 85 Zip Code: 33334

11. Pursuant to the provisions of Section 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 _____ DATE _____
(If changing Registered Agent, Signature required from new Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	COFFMAN, O.E. JR.	12 NAME	
STREET ADDRESS	1419 N.E. 57TH COURT	13 STREET ADDRESS	1600 N.E. 64th Street
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33334-5130
2 TYPE	VD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, CARL T.	22 NAME	
STREET ADDRESS	9120 TRESMORE CT.	23 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	
3 TYPE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
4 TYPE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
5 TYPE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
6 TYPE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: _____ O.E. Coffman, Jr. 954-772-7369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #