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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000020472 (4)

CLODFELTER QUALITY CONSTRUCTION, INC.

FILED Apr 24 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 1120 ROYAL PALM BEACH BLVD #297 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 334						7				
							3. Date Incorporated or Qualified 03/14/1994		ite of Last F 01/1996	Report
2. Principal P	ace of Business	} ₁	2a. Mailing Address 26				4. FEI Number 65-0469645	45 Applied For Not Applicable		
Suite, Apt.	#, elc.	Suite	Suite, Apt. #. etc.				5. Certificate of Status Desired			
City & State	9	City 28	& State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zφ 24	Country 25	Zip		Cou	ntry	1	This corporation has liability for Florida Statutes		tax under s	. 199.032,
	9. Name and Address of Curr	ent Registered	Agent				10. Name and Address of New Re	glatered	Agent	
POF	RO, HILDA M				81	Name	!		,	
13857 WELLINGTON TRACE SUITE D-1					82	Street Ado	iress (P.O. Box Number is Not Accepta	ble)		
WEST PALM BEACH FL 33414					83					
					84	City		FL	85 Zip	Code
SIGNATURE		agent and title If appli ND DIRECTOR	S	13.		eni signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND		
TITLE NAME	PDT Clodfelter, Kenneth R		DELETE	1.1 Ti 12 N/					Change	Addition
STREET ADDRESS	1120 ROYAL PALM BEACH	BLVD., #297				ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH FL 33	411				T-ZIP			T-1-21	
TITLE	VS		☐ DELETE	2.1 %					☐ Change	Addition
NAME	CLODFELTER, CYNTHIA R 1120 ROYAL PALM BEACH	DI VAN #2007		2.2 N/	-					
STREET ADDRESS	ROYAL PALM BEACH FL 33					ADDRESS		:		
DITY-ST-ZIP HTLE	TO THE THEM DEPOTED OF		DELETE	2. 4 C		ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME				3.2 N/						
STREET ADDRESS				ı		ADDRESS				
City-St-Zip						ST-ZiP				
Tript			DELETE	4.1 T)	TLE				[] (Thange	Addition
NAME				4. 2 N	ame		ı.			
STREET ADORESS				4.3 SI	REET	ADDRESS				
CITY - ST - ZIP			TT 64			ST-ZIP			172	- 1 4 2 8 8 9
THILE			DELETE	5.1 Tri		}			Change	Addition
NAME				5.2 N/						
STREET ADDRESS						ADDRESS				
CHY-S1-ZIP			DELETE			ST-ZIP			Change	Addition
TITLE			T percit	6.1 Til		1			T CHRUNG	LJ Magadh
NAME CIDSET ADDIDECS				6.2 N/		ADDRESS				
STREET ADORESS										
CITY-ST-ZIP				D 4 C1	11-5	T-ZIP				

I do hereby 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 13 if chapted, or on an attachment with an address.

SIGNATURE: