

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF REVENUE SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # CLODFELTER QUALITY CONSTRUCTION, INC		FILED 90 JUN 16 AM 8:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name 94400002912 136 PONCE DE LEON ROYAL PALM BCH, FL 33411			
Principal Place of Business SAME		Mailing Address	
2. Principal Place of Business 21 136 PONCE DE LEON		2a. Mailing Address 26 SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State 23 ROYAL PALM BCH, FL		27 City & State	
Zip 24 33411		Country 25 USA	
28 Zip		Country	
29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name KENNETH ROBERT CLODFELTER		82 Street Address (P.O. Box Number is Not Acceptable) 136 PONCE DE LEON	
83		84 City ROYAL PALM BCH	
85 FL		86 Zip Code 33411	
11. Pursuant to the provisions of Sections 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 Kenneth R. Clodfelter		DATE 4/30/99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KENNETH CLODFELTER		1.2 NAME	
STREET ADDRESS 136 PONCE DE LEON		1.3 STREET ADDRESS 800002910868--7	
CITY-ST-ZIP ROYAL PALM BCH, FL 33411		1.4 CITY-ST-ZIP -06/21/99--01129--006	
TITLE CYNTHIA CLODFELTER		2.1 TITLE ****300.00	
NAME 136 PONCE DE LEON		2.2 NAME ****300.00	
STREET ADDRESS ROYAL PALM BCH, FL 33411		2.3 STREET ADDRESS	
CITY-ST-ZIP ROYAL PALM BCH, FL 33411		2.4 CITY-ST-ZIP	
TITLE VICE-PRESIDENT		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kenneth Clodfelter** **KENNETH CLODFELTER** **4/30/99** **561-798-8998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)