EII I	E NOW: FILING	FFF AFTER MA	AY 1 IS	\$225	00			
PROFIT CORPORATION ANNUAL REPORT 1996		FLOF	FLOR:DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCLI	MENT # P94	100004764	0 (5)					
1. Corporation	n Name	10000+104	0 (3)					
CLAR	CONSTRUCTION OF	CENTRAL FLORID	A, INC.					1818 8 48) 8 1811 8811 1881
Principal Place of Business Mailing Address						·· -	adiii ba iii daba R	JORA DILILI DIBIN BORA IADI
4375 CANOE ST CLOUD	E CREEK ROAD		4375 CANOE CREEK ROAD ST CLOUD FL 34772					
31 01000	rL 34/12	21 CTOOD	FL 34772			3. Date incorporated or Qualified 06/22/1994	3a. Date of I	Last Report 6/1995
	ace of Business	2a. Maling Ac	klress			4. FEI Number	1	Applied For
Suite, Apt.	#. etc	· · · · · · · · · · · · · · · · · · ·	Suite: Apil #, etc.			59-3250260 Not Applicable		
22		27	P, C.O.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & State	ə	Gity & Sta 28	te			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζιρ	Country Zp			Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of	29 Current Registered Ager	30	0]		Florida Statutes Yes 10. Name and Address of New R		
3501 13	/, RICHARD D 3 STREET JUD FL 34769			82 83	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)	5 Zip Code
11. Pursuant t or register familiar wi	to the provisions of Sections 60 red agent, or both, in the State th, and accept the obligations of	97.0502 and 607.1508, Fig. of Florida, Such change w.	rida Statutes, ti es authorized b	l i	•	ation submits this statement for the puri- d of directors. Thereby accept the appo	- I - I - I	T T
SIGNATURE		or section our textory Figure	ra Giaitiles					
12.	Signature, typed or ponted rials e at regists OF SICE	RS AND DIRECTORS	Notice to	- jode od A., sat 13.	Supertion tellures	I who in shirt gr	DATE	
TITLE	D		Et FTE	1 1 Trilit		ADDITIONS/CHANGES TO OFFI	CLAS AND DIF	· · · · · · · · · · · · · · · · · · ·
NAME	CLARK, MICHAEL D			1.2 NAME				,
STREET ADDRESS			135		VOORESS			
CITY+ST+ZIP TITLE	ST CLOUD FL 34772		ELETE	1.4 CHTY - ST	- ZiP		F 6	
NAME			LLLIL	2 1 TITLE 2 2 NAMÉ			CI	hange 🔲 Addition
STREET ADDRESS				23 STREET A	OORESS :			
CITY - ST - ZIP			···	2 4 C:TY - ST				
TITLE		0 []	ELETE	3 1 T-TLE			☐ CI	hange 🔲 Addition
NAME PIRES LADDRESS				3.2 NAME	ŀ			
STREET ADDRESS City-St-Zip				33 STREET				
TITLE			ELETE	340(f) - Sf 4 17(f) (6	- 211		[] CI	hange
NAME				4.2 NAME			£_1 01	a- <u>-</u>
STREET ADDRESS				4.3 STREET A	DORESS			
CITY-ST-ZIP			5, 6 FC	4.4 City - St	· ZIF	w		
TITLE		_ p	(l f l f	5 11000			C)	hange 🔲 Addition
NAME STREET ADDRESS				5.2 NAME	Dones			
CITY - ST - ZIP				53 STHELL A 54 CHTY - ST				
TITLE		D	ELETE	6 1 TITLE	***		Ci	hange 🔲 Addition

14. I do hereby certify that the information supplied will, this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 offect as if made under oath; that I am an officer or director of the corporated or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer or on a vigitachment with an 13 dires.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Output & Park Y

Date:

Output &

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - S1 - ZIP

NAME

STREET ADDRESS

CR2E034 (12/95)