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

PROFIT

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CORPO		Sandra B. Mortham				May 15 1998 8:00a		
ANNUAL		Secretary of State				Secretary of State		
1998 DIVISION OF					ATIONS	SCCI	Ctai y	OIStan
DOCUMENT # P940000047640 (5) 1. Corporation Name								
Clark Construction of Central Florida, Inc.								
Principal Place of Business 4375 Canoe Creek Road 4375 Canoe				ee	k Road			
St. Cloud, FL 34772 St. Cloud				. 3	34772	DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified 06/22/94		
2. Principal Place of Business		2a. Malling Address				4. FEI Number 59-3250260		Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be
Zip Country		Zip	Country		,	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible		
4 28 29			30			Personal Property Tax due June 30. X Yes No		
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
Richard	D. Danley			81	Name			
3501 13th Street				82 83	Street Addre	ess (P.O. Box Number is Not Accept	BDI8)	
St. Cloud, FL 34769				84	City		- 88	5 Zip Code
				1	'		rL	
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	onature, typed or printed name of reg	intered poset and title if any	lloshia	MOT	E: Decistered An	ent signature required when reinstating)	DATE	
12.	OFFICERS AND I		13.	(1401		ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12
TITLE	Director DELETE		+	1.1 TITLE			Change	Addition
NAME	Michael D. Clark		1.2 NAME				_	
STREET ADDRESS CITY - ST - ZIP	מי שול בייים או		1.3 STREET ADDRESS		l l			3
TITLE	DELETE			2.1 TITLE			Change	Addition S
NAME	l l		2.2 NAME					۶ ا
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		l.			i
CITY - ST - ZIP	DELETE DELETE				- 2119		Change	Addition
NAME	L. Decere		3.1 TITLE 3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY - ST - ZIP		3.4 CITY - ST - ZIP				Change	Addition	
TITLE NAME	DELETE		4.2 NAME				L., Orango	
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP	<u></u>		4.4 CITY		- ZIP			Addition
TITLE NAME		DELETE	5.1 TITU 5.2 NAM				Change	Addition
STREET ADDRESS					ADDRESS			カッド
CITY - ST - ZIP			5.4 CITY	- ST	- ZIP	· · · · · · · · · · · · · · · · · · ·		2112
TITLE NAME		DELETE	6.1 TITU 6.2 NAM			ogogoga	The change	4 9 Addition
STREET ADDRESS	DORESS		6.3 STREET ADDRESS			-05/18/9801076033		
CITY - ST - ZIP			6.4 CITY			***150.00		
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								
path; 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-pg Block 13 if cylinginged, or on an attachment with an address.								
[[[[]]]] [] [] [] [] [] []								
SIGNATURE: MUTUAL (SAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #								
l								