SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9600043353 (7)

CLARK INDUSTRIAL CONSTRUCTION, INC.

FILED Aug 13 1998 8:00am Secretary of State

| O E MIN | | 4, 110 . | | | |
|---|--|-------------------------------------|----------------------------------|--|---|
| Principal Plac | e of Business | Malling Address | | r indicens and lead native notice and the notice an | I Giban diinn iiini niinn lii it toot |
| 1600 HOMELAND GARFIELD RD P.O. BOX 47 HOMELAND FL 33847 HOMELAND FL 33847 | | | | | |
| | | | | DO NOT WRITE IN THIS SPACE | |
| | | US | | 3. Date Incorporated or Qualified | IS SPACE |
|) | | | | 05/15/1996 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4, FEI Number | Applied For |
| 21 510 | 8 Rt. 17 Noeth | | 307 | 59-3383348 | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | | Gity & State | 7 | 6. Election Campaign Financing | \$5.00 May Be |
| 23 (SOW) | SING GREEN, FI | 100 100 1 1 1 1 1 1 | SREEN, F | Trust Fund Contribution | Added to Fees |
| Zip Country USA Zip Country 8. This corporation owes or has paid the co | | | | | |
| 24 338 | | | o USA | Personal Property Tax due June 30. | Yes Mo |
| | 9. Name and Address of Current | Registered Agent | 04 N | 10. Name and Address of New Registere | d Agent |
| CLARK, JAMES R | | | | | |
| 1000 NOMECANO GARRIELD ND 82 Street Addres | | | | ddress (P.O. Box Number is Not Acceptable) | |
| HOMELAND FL 33847 | | | | s spac way | |
| | | | 83 | , | |
| 1 | | | 84 City | ~ L' • 10 • • • | 85 Zip Code |
| | ·· | | <u> </u> | AKE Placid F | <u>L </u> |
| 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 heard of directors. I hereby accept the appointment as 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 | Harry Worksimeyer | | ROULE Registered Agent signature | 8-5- | 18 |
| 12. | Signature, typed or printed flame of registered agent OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS/CH | ND DECTORS IN 12 |
| TITLE | VID | DELETE | | Owner President | AND DIRECTORS IN 12 Change Addition |
| NAME | KIRMEYER, HARRY W | [""] NETELE | 1.2 NAME | Commerce HORRILL. | PNIS/T |
| STREET ADDRESS | 1600 HOMELAND GARFIELD RD | | 1.3 STREET ADDRESS | SILL BOLDOX | 307 "" |
| CITY-ST-ZIP | HOMELAND FL 33847 | | 1.4 CITY-ST-ZIP | lirmeyer, Harryw. 5108 RT. 17 N POBOX BOWLING Green, Fl. 3 | 307 PM/s/T |
| TITLE | TIOMEENTO LE GOOT | DELETE | 2.1 TITLE | DOWNING PREED, T. 1. S | Change Addition |
| NAME | | F" Drttic | 2.2 NAME | | Criange C Adolpon |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | j |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | - Deteit | 3.2 NAME | | Change [] Fidulion |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 9.4 CiTY-ST-ZIP | | |
| TITLE | | DELETE | 4,1 TITLE | | Change Addition |
| NAME | | - Parent | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | 1 |
| | artific that the information ounglied with t | his filing doos not qualify for the | | ection 119 07/3\/i) Florida Statutes I further certif | that the information |

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.

SIGNATURE: How Working Will HARRYHOUTKIRMEYER 8-5-98 941-375-4664