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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

May 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

DOCUMENT #
1. Corporation Name

P96000100377 (6)

W. CLEM CONSTRUCTION, INC.

Principal Place of Business Mailing Address							I TOOTIONE IIN (8440 OKTIK ODIIL ODIIL AUKUN 11845 ORKII ODIIN (1454 HODII KOOD HODI	
1580 ALTURAS RD 1580 ALTURAS RD BARTOW FL 33830 BARTOW FL 33830							DO NOT WRITE IN THIS SPACE	
						~	3. Date Incorporated or Qualified 12/06/1996	
2. Principal Place of Business			2a, Mailing Address			<del></del>	4. FEI Number Applied For	┥
21			26	26			<b>59-3418043</b> Not Applicable	,
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	٦
22			27				Fee Required	╛
City & State			City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
	Zip Country		Zip	Zip Country			B. This corporation owes or has paid the current year Intangible	┧
24	24 25		29	30			Personal Property Tax due June 30. X Yes No	ľ
g. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent	╛
MORRISON, JOSEPH A					81	Name		
3500 <b>\$</b> FLORIDA AVE, SUITE 3					82	Street Ad	Address (P.O. Box Number is Not Acceptable)	1
LAKELAND FL 33813					83			$\dashv$
								┙
					84	City	FL 85 Zip Code	1
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 Signature typod or proted name of registered agest and tilled applicable (NOTE: Hegistored Agent signature required when reinstating)  DATE								
Signature: typed or previed name of registered agent and title it applicable. (NOTE: R  12. OFFICERS AND DIRECTORS					gistored Age	int signature re	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	┨
TITLE	D	<u> </u>		ELETE	1.1 TITLE		Change Addition	1
NAME	1 -	CLEM, WILLIAM D		1.2 N.				
STREET ADDRESS 1580 ALTURAS RD			1.3 STREET ADDRESS		address			
CITY-S	CITY-ST-ZIP BARTOW FL 33830			1.4 CITY - ST - ZIP		T-ZiP		╛
TITLE	D			ELETE .	2.1 TITLE		Change Addition	7
NAME				2.2 NAN				
STREET	STREET ADDRESS 1580 ALTURAS RD			2.3 STREET ADDRESS		ADDRESS		Į
CITY-ST-ZIP BARTOW FL 33830						IT-ZIP	Channel	4
TITLE			L	CUCIE	3.1 TITLE 3.2 NAME		Change Addition	
NAME	ADDRESS					1Dancoc		1
CITY-S				I	3.3 STREET 3.4. CITY - 5	· · · · · · · · · · · · · · · · · · ·		1
TITLE	1-71		По	ELETE	4.1 THE	11-211	Change Addition	1
NAME			_	4. 2 NAME		}		١
STREET ADDRESS				4.3 STREET ADDRESS		ADDRESS		1
CITY-ST-ZIP				4.4 City-St-Zip		1		1
TITLE			D	DELETE 5.1 TITLE			Change Addition	1
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		T-ZIP		╛
TITLE				ELETE	6.1 TITLE		Change Addition	
NAME				ŀ	6.2 NAME			
STREET	ADDRESS				63 STREET	ADDRESS		-

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.