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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106633 (5)

CLARK CONSTRUCTION ENTERPRISES, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 395 ABALONE ROAD 395 ABALONE ROAD PALM BAY FL 32907 PALM BAY FL 32907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1997 Applied For 2. Principal Place of Business 4. FEI Number 395 Dennis RCLARR 59-3486766 Not Applicable Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 395 BALINE BULLY Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 This corporation owes or has paid the current year Intangible 3246 ☐ Yes 1 NO Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CLARK, DENNIS R 395 ABALONE ROAD Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32907 City Zip Code 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. Pennis R CLAR
Signature lyped or printed name of registered agent and side if app R PUST CLIRK (NOTE Registered Agent signature requ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE ☐ Change CLARK, DENNIS R NAME 1.2 NAME 395 ABALONE ROAD 1.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE Howard NAME CLARK, DENNIS R 2.2 NAME 395 ABALONE ROAD 2.3 STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP 2 4 CITY-ST-7IP Change ☐ Addition 3.1 TITLE TITLE Teasur 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-S1-ZIP Change Addition DELETE 4.1 TITLE TITLE Secre 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP ■ DELETE Change ■ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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.

CIONATURE.

of Clark