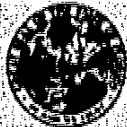


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 9:56

DOCUMENT # **V57492** (3)

1. Corporation Name  
**ALLIED-CLARK ENGINEERS, INC.**

Principal Place of Business: 252 E. STUART AVENUE LAKE WALES FL 33853  
Mailing Address: 252 E. STUART AVENUE LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 08/11/1992  
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business: 21  
2a. Mailing Address: 2a

4. FEI Number: 59-3135344  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Zip: 24 Country: 25

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, WILLIAM N.  
252 E. STUART AVENUE  
LAKE WALES FL 33853

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: CD  
NAME: HAMMONTREE, JAMES R.  
STREET ADDRESS: 252 E. STUART AVE  
CITY-ST-ZIP: LAKES WALES FL

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE: PD  
NAME: CLARK, WILLIAM N.  
STREET ADDRESS: 1540 LIBBY RD  
CITY-ST-ZIP: BABSON PARK FL

2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE: STD  
NAME: HAMMONTREE, CHARLES F.  
STREET ADDRESS: 3848 CURRY FORD RD  
CITY-ST-ZIP: ORLANDO FL

3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE: VD  
NAME: BAIR, BRUCE M.  
STREET ADDRESS: 5233 STONEHAM RD.  
CITY-ST-ZIP: NORTH CANTON OH

4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE: VD  
NAME: PHILLIPS, LAWRENCE D.  
STREET ADDRESS: 16550 GALEHOUSE RD  
CITY-ST-ZIP: DOYLESTOWN OH

5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6.1 TITLE:  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Charles F. Hammontree*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Charles F. Hammontree

1-26-95 216/499-8817  
DATE (Month/Day/Year)