

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

21 **132 W. CENTRAL AVE.**

2a. Mailing Address

26 **132 W. CENTRAL AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 **Lake Wales, FL**

27

City & State

28 **Lake Wales, FL**

Zip

24 **33853**

Country

25 **USA.**

Zip

29 **33853**

Country

30 **USA**

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
08/11/1992

3a. Date of Last Report
04/12/1995

4. FEI Number

59-3135344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

132 W. CENTRAL AVENUE

83

Lake Wales, FL

84

City

Lake Wales, FL

85

Zip Code

33853

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 (delete if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD
HAMMONTREE, JAMES R.**
STREET ADDRESS **252 E. STUART AVE**
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **STD
HAMMONTREE, CHARLES F.**
STREET ADDRESS **3846 CURRY FORD RD**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(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 607, 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 Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 216/499-8817

Date

Daytime Phone

CR2E034 (12/95)