

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**

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

2. Principal Place of Business: **21 132 W. CENTRAL AVE.** Suite, Apt. #, etc.:
City & State: **22 Lake Wales, FL** Zip: **24 33853** Country: **25 USA.**
2a. Mailing Address: **26 132 W. CENTRAL AVE** Suite, Apt. #, etc.:
City & State: **27 Lake Wales, FL** 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**

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 City: **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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HAMMONTREE, JAMES R.	
STREET ADDRESS	252 E. STUART AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, WILLIAM N.	
STREET ADDRESS	1540 LIBBY RD	
CITY-ST-ZIP	BABSON PARK FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HAMMONTREE, CHARLES F.	
STREET ADDRESS	3846 CURRY FORD RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAIR, BRUCE M.	
STREET ADDRESS	5233 STONEHAM RD.	
CITY-ST-ZIP	NORTH CANTON OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, LAWRENCE D.	
STREET ADDRESS	16550 GALEHOUSE RD	
CITY-ST-ZIP	DOYLESTOWN OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 2/13/96 216/499-8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year

CR2E034 (12/95)