

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthen Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V57492**

(3)

1. Corporation Name
ALLIED-CLARK ENGINEERS, INC.



Principal Place of Business 132 W CENTRAL AV LAKE WALES FL 33853 US	Mailing Address 132 W CENTRAL AVE LAKE WALES FL 33853-4012 US
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3. Date Incorporated or Qualified 08/11/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3135344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**CLARK, WILLIAM N.
132 W CENTRAL 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)	
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: _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMONTREE, JAMES R.	1.2 NAME	Hammontree, Robert J.
STREET ADDRESS	252 E. STUART AVE	1.3 STREET ADDRESS	3846 Curry Ford Road
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, WILLIAM N.	2.2 NAME	
STREET ADDRESS	1540 LIBBY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL 33853	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMONTREE, CHARLES F.	3.2 NAME	Hammontree, Charles F.
STREET ADDRESS	3846 CURRY FORD RD	3.3 STREET ADDRESS	5233 Stoneham Road
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	North Canton, OH 44720
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIR, BRUCE M.	4.2 NAME	
STREET ADDRESS	5233 STONEHAM RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH CANTON OH	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, LAWRENCE D.	5.2 NAME	Bennett, Keith A.
STREET ADDRESS	18550 GALEHOUSE RD	5.3 STREET ADDRESS	5233 Stoneham Road
CITY-ST-ZIP	DOYLESTOWN OH	5.4 CITY-ST-ZIP	North Canton, OH 44720
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Bennett, Barbara H.
STREET ADDRESS		6.3 STREET ADDRESS	5233 Stoneham Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	North Canton, OH 44720

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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.

SIGNATURE: *Charles F. Hammontree* 4/24/97 330 499-8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)