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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

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

3. Date Incorporated or Qualified: 08/11/1992
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3135344
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 (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

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: _____ DATE: _____
(NOTE Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HAMMONTREE, JAMES R.	
STREET ADDRESS	252 E. STUART AVE	
CITY-ST-ZIP	LAKES WALES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, WILLIAM N.	
STREET ADDRESS	1540 LIBBY RD	
CITY-ST-ZIP	BABSON PARK FL 33853	
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 checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, LAWRENCE D.	
STREET ADDRESS	18550 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	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hammontree, Robert J.	
1.3 STREET ADDRESS	3846 Curry Ford Road	
1.4 CITY-ST-ZIP	Orlando, FL 32806	
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hammontree, Charles F.	
3.3 STREET ADDRESS	5233 Stoneham Road	
3.4 CITY-ST-ZIP	North Canton, OH 44720	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bennett, Keith A.	
5.3 STREET ADDRESS	5233 Stoneham Road	
5.4 CITY-ST-ZIP	North Canton, OH 44720	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bennett, Barbara H.	
6.3 STREET ADDRESS	5233 Stoneham Road	
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* DATE: 4/24/97 330 499-8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)