

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V57492** (3)  
1. Corporation Name  
**ALLIED-CLARK ENGINEERS, INC.**

Principal Place of Business <b>132 W CENTRAL AV LAKE WALES FL 33853 US</b>	Mailing Address <b>132 W CENTRAL AVE LAKE WALES FL 33853 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/11/1992</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number <b>59-3135344</b>	Applied For Not Applicable
22 City & State	28	29 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CLARK, WILLIAM N. 132 W CENTRAL AVENUE LAKE WALES FL 33853</b>		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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMONTREE, ROBERT J</b>	1.2 NAME	
STREET ADDRESS	<b>3846 CURRY FORD ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, WILLIAM N.</b>	2.2 NAME	
STREET ADDRESS	<b>1540 LIBBY RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BABSON PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMONTREE, CHARLES F.</b>	3.2 NAME	
STREET ADDRESS	<b>5233 STONEHAM ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH CANTON OH</b>	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAIR, BRUCE M.</b>	4.2 NAME	
STREET ADDRESS	<b>5233 STONEHAM RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH CANTON OH</b>	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, KEITH A</b>	5.2 NAME	
STREET ADDRESS	<b>5233 STONEHAM ROAD</b>	5.3 STREET ADDRESS	<b>5233 STONEHAM ROAD</b>
CITY-ST-ZIP	<b>NORTH CANTON OH</b>	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, BARBARA H</b>	6.2 NAME	
STREET ADDRESS	<b>5233 STONEHAM ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH CANTON OH</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: \_\_\_\_\_

4-21-98

330-499-8817

CR2E034 (10/97)