

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:37

DOCUMENT # **622801** (9)

1. Corporation Name
E.A. MCLEOD, INC.

Principal Place of Business Mailing Address
1105 N PALM AVE FROSTPROOF FL 33843-0447 **1105 N PALM AVE FROSTPROOF FL 33843-0447**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/23/1979** 3a. Date of Last Report **03/15/1994**
4. FEI Number **50-1030914** 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 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
**MCLEOD, E A
1105 NORTH PALM
FROSTPROFF FL 33843**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 and title if applicable) _____ Registered Agent signature required when registering _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCLEOD, E. A.
STREET ADDRESS	P. O. BOX 237 N/A
CITY ST ZIP	FROSTPROOF FL
TITLE	ST
NAME	GRIFFIN, SONJA
STREET ADDRESS	PO BOX 237 NEWCOME RD.
CITY ST ZIP	ALTURAS FL
TITLE	V
NAME	MCLEOD, LORENE
STREET ADDRESS	1105 N PALM AVE
CITY ST ZIP	FROSTPROOF FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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. This filing has effect on or in behalf 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 of changed or on an attachment with an address.

SIGNATURE: *E.A. McLeod*
E.A. MCLEOD
DIRECTOR AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR