

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **622801** (9)

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



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

3. Date Incorporated or Qualified: **05/23/1979** 3a. Date of Last Report: **01/18/1995**
4. FEI Number: **59-1930914** 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

21. Principal Place of Business: **1105 N PALM AVE FROSTPROOF FL 33843-0447**
22. City & State: **FROSTPROOF FL**
23. Zip: **33843**
24. Country: **USA**
25. Country: **USA**
26. Mailing Address: **1105 N PALM AVE FROSTPROOF FL 33843-0447**
27. City & State: **FROSTPROOF FL**
28. Zip: **33843**
29. Country: **USA**
30. Country: **USA**

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 607.1503, 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: _____
Signature of person or firm changing name, the incorporator, or the Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCLEOD, E. A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P. O. BOX 237 N/A	1.2 NAME	
STREET ADDRESS	FROSTPROOF FL	1.3 STREET ADDRESS	
CITY, ST, ZIP	ST	1.4 CITY, ST, ZIP	
TITLE	ST GRIFFIN, SONJA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO BOX 237 NEWCOME RD.	2.2 NAME	
STREET ADDRESS	ALTURAS FL	2.3 STREET ADDRESS	
CITY, ST, ZIP	V	2.4 CITY, ST, ZIP	
TITLE	MCLEOD, LORENE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1105 N PALM AVE	3.2 NAME	
STREET ADDRESS	FROSTPROOF FL	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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: E.A. McLeod E.A. MCLEOD 1/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
Daytime Phone # _____

CR2E034 (12/95)