

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:52

**DOCUMENT # P26550 (4)**  
1. Corporation Name  
**EARLY, CLOUD & COMPANY**

Principal Place of Business      Mailing Address  
**127 JONNYCAKE HILL RD.  
NEWPORT RI 02840**      **127 JONNYCAKE HILL RD.  
NEWPORT RI 02840**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/18/1989**      **05/01/1994**

4. FEI Number      Applied For  
**05-0394674**      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      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.1506, 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.

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

DATE

12. OFFICERS AND DIRECTORS

TITLE      D  
NAME      CLOUD, DONALD M.  
STREET ADDRESS      127 JONNYCAKE HILL RD.  
CITY-ST-ZIP      NEWPORT RI

TITLE      D  
NAME      EARLY, JOHN P.  
STREET ADDRESS      127 JONNYCAKE HILL RD.  
CITY-ST-ZIP      NEWPORT RI

TITLE      V  
NAME      TOTTEN, RANDOLPH B., III  
STREET ADDRESS      127 JONNYCAKE HILL RD.  
CITY-ST-ZIP      NEWPORT RI

TITLE      PSD  
NAME      KELLEY, KEVIN F.  
STREET ADDRESS      127 JONNYCAKE HILL RD.  
CITY-ST-ZIP      NEWPORT RI

TITLE      V  
NAME      BONACORSI, DAVID  
STREET ADDRESS      127 JONNYCAKE HILL RD.  
CITY-ST-ZIP      NEWPORT RI

TITLE      V  
NAME      KRUEGER, GARY  
STREET ADDRESS      127 JONNYCAKE HILL  
CITY-ST-ZIP      NEWPORT RI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 of this record; or, in the case of an individual, am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment to an address.

SIGNATURE: *Kevin F. Kelley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-95      401-849-0500  
DATE      Telephone Number