

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90143 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 163772**

1. Corporation Name  
**LETITIA CORPORATION**

Principal Place of Business  
**500 N. MAITLAND AVE.  
SUITE #107  
MAITLAND FL 32751**

Mailing Address  
**500 N. MAITLAND AVE.  
SUITE #107  
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/26/1950**

4. FEI Number

**59-6064517**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 35543 Estes Road**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 P.O. Box 1946**  
Suite, Apt. #, etc.

**22**  
City & State  
**23 Eustis, FL 32736 USA**

**27**  
City & State  
**28 Eustis, FL 32727 USA**

**24** Zip **25** Country

**29** Zip **30** Country

9. Name and Address of Current Registered Agent

**CLOUD, JERRY D.  
1581 CHIPPEWA TRAIL  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**35543 Estes Road**  
**83** City  
**Eustis**  
**84** City **FL** **85** Zip Code **32736**

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]*

4-21-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLOUD, JERRY D	
STREET ADDRESS	1581 CHIPPEWA TRAIL	
CITY-STATE-ZIP	MAITLAND FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	EGGER, J H	
STREET ADDRESS	104 GIBSON RD	
CITY-STATE-ZIP	LOUISVILLE KY 40207	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MCELHINNY, WILSON D	
STREET ADDRESS	198 PINEWON RD	
CITY-STATE-ZIP	LEOLA PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANGE, VICTORIA E	
STREET ADDRESS	1017 CARDINAL DR	
CITY-STATE-ZIP	LOUISVILLE KY 40213	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	35543 Estes Road
1.4 CITY-STATE-ZIP	Eustis, FL 32736
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	138 Lake Creek Meadow Road
3.4 CITY-STATE-ZIP	Ketchum, ID 83340
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	723 Danes Hall Drive
4.4 CITY-STATE-ZIP	Louisville, KY 40206
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with all other like empowered.

SIGNATURE:

*[Signature]*

Jerry D. Cloud

4-21-99

(352) 589-8820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)