FILE NOW: FILING FEE AFTER MAY 1 IS \$550.0

PROFIT CORPORATION **ANNUAL REPORT**

1997



STATE FLORIDA DEPARTMENT OF

Sandra B. Mortha

Secretary of State

DIVISION OF CORPORAT

DOCUMENT # 364596

UNGLAUB AND CLOUD, INC.

Mailing Address

NINU NON

Principal Place of Business 202 E TENNESSEE ST TALLAHASSEE FL 82301

202 E TENNESSEE ST TALLAHASSEE FL 32301-7624

(7)

FILED Jul 16 1997 8:00am Secretary of State



3a. Date of Last Report

02/19/1996

3. Date incorporated or Qualified

05/25/1970

				00/20/10/0	U2/	טשטו וכו	
2. Principal Pl 21	aco of Business	2a. Mailing Address 26	•	4. FEI Number 59-1301615			pplied For of Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		00 100 10		·	
22		27		5. Certificate of Status Desired			Additional equired
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζ _Ι ρ	Gountry 25	Zip 29	Соц а у	This corporation has liability for Florida Statutes	r intangible t		. 199.032,
<u></u>	9. Name and Address of Curren			10. Name and Address of New R			
UNC	GLAUB, GEORGE		1 Na	anie			
	E. TENNESSEE STREET						
	LAHASSEE FL 32301		ki Sir	reet Address (P.O. Box Number is Not Accepta	ible)		
			3				
						·	
			4 Cit	ty	FL	85 Zip i	Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607, 1508, Florida Stat-	utes, the a ve-nar	med corporation submits this statement for the	numnee of o	L. I changing il	s registered
office or a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	s authorize—by the	corporation's board of directors. I hereby acce	pt the appo	intment as	registered
•	m lamiliar with, and accept the beings	itions of, Section 007.0505, r	ionua statiles.				
SIGNATURE	Signature, typed or printed name of registered age	nt and little if anni-cable (NC	Off Registeres Agent sign	vature required when reinstating)	DATI	· ·	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		DIRECTOR	IS IN 12
TITLE	PD	DELETE	1.1 11 6			Change	Addition
NAME	UNGLAUB,GEORGE H		1.2 NAME				-
STREET ADDRESS	202 EAST TENNESSEE ST		1.3 STREET ADDRE	Fee			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP				
TITLE	D	DILETE	21 HILE			Change	Addition
NAME	CLOUD, WILLIAM D		2.2 NAME				
STREET ADDRESS	202 EAST TENNESSEE ST		2.3 STREET ADDRE	F\$\$			
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CHY- \$1-2IP				
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	PIMENTAL JR,JOHN G.		3.2 NAME		_		
STREET ADDRESS	202 EAST TENNESSEE ST		3.3 STHEET ADDRE	828			
CITY-ST-ZIP	TALLAHASSEE FL		3.4. C/TY - ST - ZIP				
TITLE		DELETE	41 11715			Change	Add-tion
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRI	F95			
CITY-ST-ZIP			4.4 CITY - ST - ZIP	ì			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME		_ Second	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRE	rss 1			
CITY-ST-ZIP			5.3 STREET ALDRE				
TITLE		DELETE	61 TILE			Change	Addition
NAME			6.2 NAME		_		
STREET ADDRESS			6.3 STREET ADDRE	iss			
CITY-ST-ZIP		•	6.4 CITY - ST - ZIP				
14. I do hereb	by certify that the information supplied	f with this filing does not gur	lify for the exemption	on stated in Section 119.07(3)(i). Florida Statuli	es. I further	certify that	the
informatio I am an of appears in	n indicated on this annual report or s ficer or director of the corneration or n Block 12 or Block 13 if	upplemental annual report is the receiver of trustee of inter- off an attachnicht with an a	true and accurate presid to execute idies.	on stated in Section 119.07(3)(i), Florida Statul and that my signature shall have the same leg is report as required by Chapter 607, Florida	al effect as i Statutes; and	f made und d that my n	der oath, tha iame