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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

**DOCUMENT # 480264** 

(1)

FILED Feb 24 1997 8:00am Secretary of State

THE DVH MACLEOD CORPORATION  Principal Pince of Business  110 N MONROE   7521 REFUGE RD TALLAHASSEE FL 32303  TALLAHASSEE FL 32312-6725									
US		US				3. Date Incorporated or Qualified 3a. Date of Last Report 07/09/1975 03/22/1996			
2. Poncipal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-1611575			Not Applicable
Suite Apt	#. etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>+</b> -	<sup>75</sup> Additional e Required
City & Stat	e e	City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ded to Fees
Z(p	Gountry	Zip	Cour	ntry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for			
4]	25	29	30				Yes [		
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
	CLEOD, VALERIE		l	1 18	Name				
	21 REFUGE RD		t	62 5	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
TAL	LAHASSEE FL 32312		ļ	83	<del></del>		<del></del>		
			ł	63					
			Ì	84 (	City			85	Zip Code
	200 200 200 200 200 200 200 200 200 200			<u>L</u>			FL	<u> </u>	
			-iorida Stati	utes.		oration submits this statement for the poor is board of directors. I hereby acceptions			
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SIGNATURE 12. THE	OFFICERS AND	ent mid title it applicable (NC D DIRECTORS	OTE: Registered	I Agent i		ed when reinstating)	DATE	DIREC	TORS IN 12
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 office or director of the corporation of the receiver or trustee empore red 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 attaching with an address.

**SIGNATURE** 

MATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-19-97 904-224-6760

AAAATAA