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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 695337

(6)

C.L.O.E., INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address						#1\$() 1891
4444 SHERWOOD FOREST DRIVE TITUSVILLE FL 32796-1118		4444 SHERWOOD FOREST DRIVE TITUSVILLE FL 32796-1118							
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						07/10/1981			
9 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21	ace of Education	1-7	[26]			59-2161368		····	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					<u> </u>		dditional
22	1	27				5. Certificate of Status Desired		Fee Re	
City & State)	City & State			-	6. Election Campaign Financing		5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	7 ip	Cou	ntry		8. This corporation owes or has pai	d the current	year Inte	gngible
24	25	29	30			Personal Property Tax due June			(No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	istered Age	st	
WH	ITE, E.E. JR.			81 N	lame				
	CRYSTAL LAKE RD.		82 Street Ad		treet Addre	ess (P.O. Box Number is Not Acceptab	le)		
	BOURNE FL 32940		OI GIRGI AC		iligot Addit	(F.O. DOX HAITDOT TO HOL FRODDING			
*******				83					
				04 0	Nia		8:	Zip (- Indo
				84 C	Dity		FL °	2.0	,ode
11. Pursuant t	to the provisions of Sections 607.050)2 and 607 1508, Florida (Statutes, the a	bove-na	amed corp	oration submits this statement for the p	urpose of cha	nging it	s registered
l office or re	egi stered age nt, or both, in the State m fam iliar with, and accept the oblig	of Florida, Such chance.	was authoriza	d by th	e corporati	ion's board of directors. I hereby accep	t the appointr	nent as	registered
_	The man with and decept the entry	THISTON ON, DESCRIPTION OF THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						ĺ
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable	(NOTE Registere	d Agent s	ignature require	ed when reinslating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELFT	E 1,1 T	TLE		20	X	Change	Addition
NAME	PEARCE, J. L.		1.2 N	AME	\ \^	PEARCE, J.L. 389 BYRD COURT			
STREET ADDRESS 1393 BYRD CT			1.3 STREET ADDRESS		DRESS .	389 BYRD COURT			
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CI		ıp R	OCKLEDGE FL			
TITLE	TD DELETE		E 2.1 TI	TLE.				Change	☐ Addition
NAME	Parker, M.J.		2.2 N	AME					
STREET ADDRESS	4444 SHERWOOD FOREST D	XR	2.3 \$	TREET ADE	DRESS				
CITY-ST-ZIP	TITUSVILLE FL		2.40	HTY-ST-Z	ZIP .				
TITLE	PD DELETE :		₹ 31 T)	TLE				Change	☐ Addition
NAME	WHITE, E.E., JR.		32 N	AME					
STREET ADDRESS	569 CRYSTAL LAKE DR		335	TREET ADI	DRESS				
CITY-ST-ZIP	MELBOURNE FL		3.4. 0	HY-SI-Z	7IP				
TITLE		DELE1	E 4.1 TI	TLE				Change	Addition
NAME			4.21	IAME					
STREET ADDRESS			4.3 S	TREET ADO	DRESS				
CITY-ST-ZIP				ITY-ST-Z	l				_ [
TITLE		☐ DELET						Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS				TREET ADI	DRESS				
CITY+ST-ZIP				ITY-ST-Z	- 1				
TITLE		☐ DELET			"			Change	Addition
		_ 3	6.2 N		1			•	
NAME PROFES ADDRESS					DDECC				
STREET ADDRESS				TREET ADI					
CITY-ST-ZIP			6.4 C	ITY-ST-Z	MP				

14. I hereby certify that the information supplied with this lifting 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 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.