

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **846356** (4)

1. Corporation Name
CLOVERLEAF MANAGEMENT COMPANY, INC.



Principal Place of Business: **5640 PROFESSIONAL CIRCLE INDIANAPOLIS IN 46241**
Mailing Address: **5640 PROFESSIONAL CIRCLE INDIANAPOLIS IN 46241**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1980	3a. Date of Last Report 05/16/1995
21. Suite, Apt. #, etc.	26. P. O. Box 42368	27. Suite, Apt. #, etc.		4. FEI Number 35-1471924	Applied For Not Applicable
22. City & State	27. Indianapolis, IN	28. Indianapolis, IN		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Indianapolis, IN	29. 46242-0368		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. 46242-0368	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPICOLA, A.G. JR. 725 E KENNEDY BLVD TAMPA FL				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTON, DANNY	1.2 NAME	
STREET ADDRESS	4048 WOODVIEW DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	CLAYTON IN	1.4 CITY- ST- ZIP	
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, EDITH C	2.2 NAME	
STREET ADDRESS	4103 SUSY CT	2.3 STREET ADDRESS	
CITY- ST- ZIP	INDIANAPOLIS, IND 00000	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, LINDA F	3.2 NAME	
STREET ADDRESS	4918 W MELROSE	3.3 STREET ADDRESS	
CITY- ST- ZIP	INDIANAPOLIS, IND 00000	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 119.07(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 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.

SIGNATURE: _____ Date: **1/18/96** Daytime Phone #: **(317)248-0366**

CR2E034 (12/95)