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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # K66053

IN THE CLOUDS, INC.

Principal Place	e of Business	Maining Address						
% J. MARVIN G 1230 S MYRTLE CLEARWATER F	AVE. SUITE 101	1230 S MYRTLE AVE.	% J. MARVIN GUTHRIE 1230 S MYRTLE AVE. SUITE 101 CLEARWATER FL 34616			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
CLEARWAIEN F	£ 34010	OLCANITATION 12 010						
						02/13/1989		
a Data de la Di	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
2. Principal Pi	ace of business	26				59-2931104		Not Applicable
21	H -1-	Suite, Apt. #, etc	<del></del>				_ \$8.7	5 Additional
Suite, Apt.	#, etc.	<b>⊢</b>	•			5. Certificate of Status Desired		Required
22		City & State				o Floation Compaign Financing	¢5	OO May Po
City & State		<b>⊢</b>	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	28							ea to 1 ccs
Zip	Country	Zip		Country		8. This corporation owes the currer	it year intanglole	□No
24	25	29	30	,		Personal Property Tax.  10. Name and Address of New Re		
	9. Name and Address of Curr	ent Registered Agent		-		10. Name and Address of New Re	gistered Agent	
		•		81	Name	•		, .
MARVIN, GUTHRIE J				82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
	S. MYRTLE AVE, STE101					وأخررت المراجع	ryanana de <u>es a</u>	
CLEA	ARWATER FL 33756			83			e in the second of	
				l <u>-</u> -	***	사고 전혀 보고 있었다는 것이 없는 목소리를 받았다. 	85	Zip Code
				84	City		FL i " '	Th come
44 Durawant	to the provisions of Sections 607 0	502 and 607 1508 Florida 5	Statutes, the a	above	-named corp	oration submits this statement for the p	urpose of changing	its registered
office or r	egistered agent, or both, in the State	te of Florida. Such change	was authorize	d by t	he corporation	poration submits this statement for the pon's board of directors. I hereby accept	the appointment a	s registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.050	o, Fiorida Sta	iuies.				
SIGNATURE		- 1791 W 8 - 41	(NOTE: Pagistore	d Agent	eignature require	d when reinstating)	DATE	<del></del>
Signature, types of printed name or legislated again on the printed name or legislated again or or legislated			13.		agriature require	ADDITIONS/CHANGES TO OFF	CERS AND DIRE	CTORS IN 12
12.		DELE		TTLE		11.19.11.72	☐ Cha	
TITLE	D CONTROL LANDDON	[ OLEL		IAME		1.13/11/2		
NAME	GUTHRIE, J MARVIN							
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			CITY-ST	-ZIP		☐ Cha	nge Addition
TITLE		☐ DELE	TE 2.17	TITLE			. 🗆 🖰 Cila	ide 🗀 voquon
NAME			2.21	MAME		•		
STREET ADDRESS	*		2.3 9	TREET	ADDRÉSS			*
CITY-ST-ZIP			2. 4	CITY-SI	T-ZIP			
TITLE		☐ DELE	-					
NAME	LS**		TE 3.11	TITLE			☐ Cha	nge   Addition
	} '	_ Dett		TITLE NAME		3	☐ Cha	nge ∤ ∐ Addition
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		- Dette	3.21 3.35	NAME STREET	ADDRESS	angen	☐ Cha	nge   Addition
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6.4 CITY-ST-ZIP

14. I 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 officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90065 040 \*\*\*150.00