


FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> DOCUMENT # L58360 1. Corporation Name: F. MACLEOD INDUSTRIES, INC. </div> <div style="font-size: 2em; font-weight: bold;">(3)</div> </div>		
Principal Place of Business % WILLIAM A. BOYLES 201 E PINE ST SUITE 1200 ORLANDO FL 32801		Mailing Address % WILLIAM A. BOYLES 201 E PINE ST SUITE 1200 ORLANDO FL 32801-2725
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">25</div> Country </div>	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">30</div> Country </div>	
9. Name and Address of Current Registered Agent		
BOYLES, WILLIAM A. 201 E PINE ST SUITE 1200 ORLANDO FL 32801		<div style="border: 1px solid black; padding: 2px;">81</div> Name <div style="border: 1px solid black; padding: 2px;">82</div> Street Address <div style="border: 1px solid black; padding: 2px;">83</div> <div style="border: 1px solid black; padding: 2px;">84</div> City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE <small>Sign in black ink or color printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;">DPS</div> <input type="checkbox"/> DELETE <div style="border: 1px solid black; padding: 2px;">MACLEOD, FRED L.</div> <div style="border: 1px solid black; padding: 2px;">808 S HUGHEY AVE</div> <div style="border: 1px solid black; padding: 2px;">ORLANDO FL</div>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;">T</div> <input type="checkbox"/> DELETE <div style="border: 1px solid black; padding: 2px;">MACLEOD, FRED L.</div> <div style="border: 1px solid black; padding: 2px;">808 S HUGHEY AVE</div> <div style="border: 1px solid black; padding: 2px;">ORLANDO FL</div>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> DELETE <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> DELETE <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> DELETE <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"></div> <input type="checkbox"/> DELETE <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE: FRED L. WACLED, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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