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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L76338** (7)

1. Corporation Name
R & D MCLEOD, INC.

Principal Place of Business: **C/O RICHARD MCLEOD, 1172 ORIENTAL, PORT ST. LUCIE FL 34952**

Mailing Address: **C/O RICHARD MCLEOD, 1172 ORIENTAL, PORT ST. LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/30/1990**

3a. Date of Last Report: **12/02/1994**

4. FEI Number: **59-3006594**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes: Yes No

2. Principal Place of Business

21. **5070 S Fed Hwy**

22. **STUART, FL**

23. **34997**

24. **34997**

25. **FL**

26. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

28. City & State

29. **30**

30. Country

9. Name and Address of Current Registered Agent

MCLEOD, RICHARD
1172 ORIENTAL
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 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: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS

D

TITLE: **MCLEOD, RICHARD**

NAME: **1172 ORIENTAL**

STREET ADDRESS: **PORT ST. LUCIE FL**

CITY - ST - ZIP

TITLE: **MCLEOD, PAMELA**

NAME: **1172 ORIENTAL**

STREET ADDRESS: **PORT ST. LUCIE FL**

CITY - ST - ZIP

TITLE: **MCLEOD, DIANE**

NAME: **1172 ORIENTAL**

STREET ADDRESS: **PORT ST. LUCIE FL**

CITY - ST - ZIP

TITLE: **MCLEOD, TODD**

NAME: **1172 ORIENTAL**

STREET ADDRESS: **PORT ST. LUCIE FL**

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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: *[Signature]* DATE: **11/30/95** OFFICER OR DIRECTOR ID: **407-873817**