FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1006

	1990	DIVISION C	F CORPOR	AHC	ONS				
DOCU 1. Corporation	MENT # L7633	8 (7)							
R&D	MCLEOD, INC.								
						A S al inari ati p ari a niar ahar ahar			
Principal Place	of Rusinose	Molling Adama			·····				
Principal Place of Business Mailing Address									
STUABLE A 34997 C/O RICHARI STUABLE A 34997 1172 ORIENTI			DD						
118		PORT ST. LUCIE FL	34952						
r						3. Date Incorporated or Qualified 05/30/1990	3a. Date	of Last I 01/19	•
2. Principal Pl	lace of Bysiness	2a. Mailing Address				4. FEI Number	1 00/	01/10	Applied For
21 608		26				59-3006594		ļ	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
City & State	Α	City & State						• • • • • • • • • • • • • • • • • • • •	Required
23 5	ant FL	28				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	intanoible tax		
24 348	994 25 MayTIN	29	30			Florida Statutes	N₀		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Curre	nt Registered Agent		81	N. I. a.	10. Name and Address of New R	egistered A	gent	
MOLEOI	D. RICHARD			61	Name				
1172 OF				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	T. LUCIE FL 34952		}	83					
					0"			T	
				84	City		FL	l i	ip Code
11. Pursuant to or register	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the above	ve na	amed corpora	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of chan	ging its	registered office
familiar wit	th, and accept the obligations of, Sect	tion 607,0505, Florida Statute	zeo by ine ci s,	orpo	ration s boan	o or directors. I hereby accept the appo	ointment as re	egistere	d agent. I am
SIGNATURE	Signature, typed or profited name of registered agont	And while it are a suitable	A+	· · · · · · · · · · · · · · · · · · ·					
12.	OFFICERS AND DIRECTORS			Agent	signature required	ADDITIONS/CHANGES TO OFF	CERS AND D	IRECTO	ORS IN 12
TITLE	D	☐ DELETE	13. 1.130	ILE				Change	Addition
NAME	MCLEOD, RICHARD		1.2 NA	ME				-	-
STREET ADDRESS	1172 ORIENTAL		1.3 STF	REET A	DORESS				
CITY-ST-7/P	PORT ST. LUCIE FL	Par De les	14 CIT		ZIP	THE STATE OF THE S			
TITLE NAME	D MCLEOD, PAMELA	DELETE	2 1 117					Change	Addition
STREET ADDRESS	1172 ORIENTAL		2 2 NAF						
CITY-ST-ZIP	PORT ST. LUCIE FL				DDRESS				
TITLE	D	DELETE	2.4 CIT		7.0			Change	☐ Addition
NAME	MCLEOD, DIANE		3.2 NAN				F.J	J-mings,	
STREET ADDRESS	1172 ORIENTAL		3.3. ST	REET A	ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL		34017	Y-\$1-	712				
TITLE	D TOPE	[] DELETE	4. 1 1(7)	LE				Change	Addition
NAME DYDEST ADDRESS	MCLEOD, TODD 1172 ORIENTAL		4.2 NAV						
STREET ADDRESS CITY-ST-ZIF	PORT ST. LUCIE FL		4.3 STR		1				
TITLE	TOTAL OF LOOK IL	☐ DELETE	4.4 CHTs 5 1 THT		ZIP		FT	Change	Addition
NAME			5 2 NAN				L.J	ouariña	☐ MUUNIUN
STREET ADDRESS			5.3 STH		DDRESS	10000183	3981	1	
CITY-ST-ZiF			5.4.0114			-05/22/96010	18002)	
TrīLE		DELETE	6 1 TIT			***225.00		Change	Addition
NAME			6.2 NAN	Λŧ					
STREET ADDRESS			6.3 STB	EET AT	ODRESS .				

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.

6.3 STREET ADDRESS

DIANE MCLES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

CITY-ST-ZIP

5/1/96 407 187 3827 100 Dayline Prono!