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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT # L76338

R & D MCLEOD, INC.

(7)

FILED Feb 05 1997 8:00am Secretary of State



808 CALARADO AVE STUART FL 34994 US		C/O RICHARD MCLEOD 1172 ORIENTAL PORT ST. LUCIE FL 34952-5313			3. Date Incorporated or Qualified				
2. Principal F	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For
21		26				59-3006594			ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		+	Additional equired
22 City & Stat 23	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country Zip		Countr 30	Country 0		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curr					10. Name and Address of New Re	gistered A	gent	
	EOD, RICHARD		8	I Na	ame				
1172 ORIENTAL PORT ST. LUCIE FL 34952			8:	2 St	reet Addr	idress (P.O. Box Number is Not Acceptable)			
	,, • ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		8:	3					
			B	4 Ci	ty		FL	85 Zip	Code
agent 1	am fam liar with, and accept the ob					poration submits this statement for the places. I hereby acception when reinstating)	DATE		<u></u>
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D	☐ DELETE	1.1 TITLE					Change	■ Addition
NAME	MCLEOD, RICHARD		1.2 NAM	E					
STREET ADDRESS	1172 ORIENTAL		1.3 STRE	et addi	RESS				
CITY - ST - ZIP	PORT ST. LUCIE FL	- Orient	1.4 CITY		<u> </u>			Change	Addition
TITLE	D DAMELA	DELETE	2.1 TITLE					(T) Cumilia	Naorion
NAME	MCLEOD, PAMELA 1172 ORIENTAL		2.2 NAM		prec				
STREET ADDRESS	PORT ST. LUCIE FL		2.3 STRE 2. 4 CITY			29 3			
CITY - S1 - ZIP	D	DELETE	3.1 TITLI		- 			Change	Addition
NAME	MCLEOD, DIANE		3.2 NAM	E					•
STREET ADDRESS	1172 ORIENTAL		3.3 STRE	ET ADD	AESS				
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4. CITY	/-ST-Z	P				1.04490
TITLE	D	☐ DELETE	4,1 T(TL)	E		and the		Change	☐ Addition
NAME	MCLEOD, TODO		4, 2 NAA			·			
STREET ADDRESS			4.3 STRI						
CITY-ST-ZiP	PORT ST. LUCIE FL	- OCIETE	4.4 CITY		P			Change	Addition
TITLE		DELETE	51 TITL						
NAME			5.2 NAM 5.3 STR		IBECC				
STREET ADDRESS	•]		5.4 CITY						
CITY - ST - ZIP	<u> </u>	DELETE	6.1 TITL		- -			Change	Addition
THTLE		Little Control	6.2 NAN						
NAME STREET ADDRESS			6.3 STR		DRESS				
CITY-S1-ZIP	<u> </u>		6.4 CITY						

14. I do 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 and cated on this arinual 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.