

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95244

(4)

1. Corporation Name

THE CLEALAND GROUP, INC.

Principal Place of Business

P O BOX 678330
ORLANDO FL 32867

Mailing Address

P O BOX 678330
ORLANDO FL 32867

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/13/1990

3a. Date of Last Report

04/27/1994

4. FEI Number

59-3020859

Applied For

Not Applicable

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. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 1875 ANGELA DR

2a. Mailing Address

26 1875 ANGELA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 ORLANDO, FL.

27 City & State

28 ORLANDO, FL.

Zip

Country

Zip

Country

24 32817

25 USA

29 32817

30 USA

9. Name and Address of Current Registered Agent

OBERMEYER, DONNIE JOE
1875 ANGELA DR
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPST	OBERMEYER, DONNIE JOE	1875 ANGELA DR	ORLANDO FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
DIA / PRES	OBERMEYER, DONNIE JOE	1875 ANGELA DR.	ORLANDO, FL. 32817	☒	☐
DIA / SEC/TREAS	OBERMEYER, SUK A.	1875 ANGELA DR	ORLANDO, FL. 32817	☐	☒
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition

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 in an attachment with an address.

SIGNATURE: Donnie Joe Obermeyer Pres.

4-16-95

407-382-8040

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donnie Joe Obermeyer, PRES

4-16-95

407-382-8040