

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90127 007 ***150.00

DOCUMENT # L95244

1. Corporation Name

THE CLEALAND GROUP, INC.

Principal Place of Business

1875 ANGELA DR
ORLANDO FL 32817
US

Mailing Address

1875 ANGELA DR
ORLANDO FL 32817
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1990

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 8819 RESERVATION DR

Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

24 Zip

25 32829

26 Country

27 Orange

2a. Mailing Address

28 8819 Reservation Dr.

Suite, Apt. #, etc.

29 City & State

30 Orlando, FL

31 Zip

32 32829

33 Country

34 Orange

9. Name and Address of Current Registered Agent

OBERMEYER, SUE A
1875 ANGELA DR
ORLANDO FL 32817

8819 Reservation Dr.
Orlando, FL
32829

81 Name

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

83 8819 Reservation Dr.

84 City

85 Orlando

FL

86 Zip

87 32829

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 title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME OBERMEYER, DONNIE JOE

STREET ADDRESS 1875 ANGELA DR

CITY-ST-ZIP ORLANDO FL

TITLE DST ☐ DELETE

NAME OBERMEYER, SUE A.

STREET ADDRESS 1875 ANGELA DR.

CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8819 Reservation Dr.

1.4 CITY-ST-ZIP Orlando FL 32829

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 8819 Reservation Dr.

2.4 CITY-ST-ZIP Orlando, FL 32829

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 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 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, with all other like empowered.

SIGNATURE: SUE A. OBERMEYER 1/20/99 407-382-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)