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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

MCLEUD ELECTRIC, INC.

OCUIVIEIN I # Corporation Name	P33/84
MOLEON ELECTRIC	INC

FILED Jan 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 2841 NOBLE STREET 2841 NOBLE STREET ANNISTON AL 36201 ANNISTON AL 36201-2787										
						3. Date Incorporated or Qualified 3a. Date of Last Report 04/30/1991 01/24/1996				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		A	pplied For	
Suite, Ant	† # p*/:					63-0874195			ot Applicable Additional	
22	, n, 6.0	27				5. Certificate of Status Desired			equired	
City & Sta	ate	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	 			Trust Fund Contribution			to Fees	
Zip	Country	Z-p	├ 7	intry		 This corporation has liability for Florida Statutes 	or intangib Yes		i. 199.032,	
24	25 25 9, Name and Address of Cu	29 rrent Registered Agent	30	Γ		10. Name and Address of New				
MC	CLEOD, A. BYRON	· · · · · · · · · · · · · · · · · · ·		81	Name					
	599 PERDIDO KEY DRIVE, API	Γ #10		82	Street Addre	ess (P.O. Box Number is Not Accep	table)			
	NSACOLA FL 32561									
				83						
				84	City		FI	85 Zip	Code	
11. Pursuan	I to the provisions of Sections 607.	0502 and 607.1508. Florida Sta	tutes, the al	bove	-named corpo	oration submits this statement for th	e purpose	of changing i	ts registered	
office or agent. I SIGNATURE	am familiar with land accept the o	bligations of, Section 607.0505,	Fiorida Stat	utes		on's board of directors. I hereby acc		pointment as	registered	
12.	Signature, typed or printed name of tegistere OFFICERS	AND DIRECTORS	13,	o Agei	eruper enulang a fr	ADDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIRECTOR	RS IN 12	
TITLE	P	DELETE	1.1 1/	TLE		1.05((10)(0)(1.11(0)(0))		Change	Addition	
NAME	MCLEOD, A. BRYON		1.2 N	AME						
STREET ADDRESS			1.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP	ANNISTON AL		1.4 CI	TY-\$1	r- ZIP					
TOTLE		DELETE	2 1 TI					☐ Change	Addition	
NAME			22 N							
STREET ADDRESS					ADDRESS	ų				
CIY-ST-ZIP TITLE	***************************************	DELETE	31 Tr	HY-S	1-ZIP			☐ Change	Addition	
NAME		<u></u>	32 N		\					
STREET ADDRESS	5				ADDRESS					
C(TY - S) - 7(P			3.4. C	ITY - S	T - ZIP					
TITLE		☐ DELETE	4.1 TI	TLE				Change	Addition	
NAME			4.2 N	AME						
STREET ADDRESS	•				ADDRESS					
Cl*¥ -S1 - Zi₽		DELETE		ITY - ST	1-2IP			Chance	Addition	
TIFLE		DELETE	5.1 TI					Change	Mannan (LL)	
NAME CERTA ACRESCE			5.2 N		ADDRESS					
STREET ADDRESS					ADDRESS					
CITY-ST-7º		DELETE	6.1 TI	ITY-ST TLE	1-20°	·····		Change	Addition	
NAME			6.2 N						Print Lance (2)	
STREET ADDRESS	; [ADDRESS					
CITY - S1 - ZIP				TY-S						

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 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 compitation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if dyanged, or on an application, with an address.