CORPORATION
ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

95 APR 14 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057800 (3)

1. Corporation Name

C L O RESOURCES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~90351 OVERSEAS HWY~~ ~~SUITE 2G~~ TAVERNIER FL 33070	~~90351 OVERSEAS HWY~~ P.O. DRAWER ~~SUITE 2G~~ TAVERNIER FL 33070

3. Date Incorporated or Qualified: 09/13/1993
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0431655	☐ Applied For ☐ Not Applicable
21	26 P.O. DRAWER 1407		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28 TAVERNIER, FLORIDA		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24 / 25	29 33070 / 30 MONROE		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUPINO, JAMES S 100360 OVERSEAS HWY KEY LARGO FL 33037	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 TITLE	D/C	☑ Change ☐ Addition
NAME	MOODY, C O	1 2 NAME		
STREET ADDRESS	131 SEASIDE AVENUE	1 3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	1 4 CITY-ST-ZIP		
TITLE	D	2 TITLE	D/P	☑ Change ☐ Addition
NAME	MOODY, ISABELLE B	2 2 NAME		
STREET ADDRESS	131 SEASIDE AVENUE	2 3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	2 4 CITY-ST-ZIP		
TITLE	D	3 TITLE	D/V/P	☑ Change ☐ Addition
NAME	MOODY, THOMAS O	3 2 NAME		
STREET ADDRESS	1616 CENTAUR CIRCLE	3 3 STREET ADDRESS	11799 GRAY WAY	
CITY-ST-ZIP	LAFAYETTE CO	3 4 CITY-ST-ZIP	WESTMINSTER, CO. 80020	
TITLE	D	4 TITLE	D/S/T	☑ Change ☐ Addition
NAME	SHELDON, PAMELA	4 2 NAME		
STREET ADDRESS	1614 MERRYWOOD DRIVE,APT. 4C	4 3 STREET ADDRESS	1050 CONKLIN ROAD	
CITY-ST-ZIP	JOHNSON CITY TN	4 4 CITY-ST-ZIP	JONESBOROUGH, TN. 37659	
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Isabelle B. Moody ISABELLE B. MOODY 4-11-95 305-852-9682
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0118010 CP