

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:31

DOCUMENT # P94000024161 (9)

1. Corporation Name

CLOVERLEAF CONSULTANTS, INC.

Principal Place of Business

3 OCEANS WEST BLVD.
UNIT 304
DAYTONA BEACH SHORES FL 32118

Mailing Address

3 OCEANS WEST BLVD.
UNIT 304
DAYTONA BEACH SHORES FL 32118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/25/1994** 3a. Date of Last Report **NA**

4. FEI Number **59-3242154** 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**

6. This corporation has facility for interstate tax under S. 119.032, Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

24

County

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

29

County

30

9. Name and Address of Current Registered Agent

ADAZIO, FRANCINE
3 OCEANS WEST BLVD.
UNIT 304
DAYTONA BEACH SHORES FL 32118

10. Name and Address of New Registered Agent

81 Name **Francine Gordon**
82 Street Address (P.O. Box Number is Not Acceptable) **Same as #9**
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 *Francine Gordon*
(Signature) typed or printed name of registered agent and that it applies

(NOTE: Registered Agent signature required when holding)

(DATE)

5/1/95

12. OFFICERS AND DIRECTORS

TITLE	President, Secretary
NAME	Janet R. Hamer
STREET ADDRESS	520 Ocean Dunes Road
CITY - ST - ZIP	Daytona Beach, FL 32118
TITLE	Vice President, Treasurer
NAME	Francine Gordon
STREET ADDRESS	3 oceans west Blvd. 304
CITY - ST - ZIP	D.B.S., FL 32118
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 on an attachment with an address.

SIGNATURE: *Francine Gordon*
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR

5/1/95 **904-252-7200**
Date Phone #