FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000028610 (0)

1. Corporation Name

CLOUD INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]
BRADENTON FL 34205	BRADENTON FL 34205
2620-MANATEE AUE W	2620- MANATEE AUE W.

2. Principal Place of Business	2a. Mailing Address
21 2620- MANATEE AUE W	26 2620- MANATEE AUE W
Suite, Apt. #, etc. 22 SUITE B.	Suite, Apt. #, etc. 27 SUITE B
City & State 23 BRADENTON -FL.	City & State 28 BRADENTON -FL.
Zip 24 34205 Country 25	Zip 29 34205 Country 30

3. Date Incorporated or Qualified: 04/06/1995
3a. Date of Last Report:

4. FEI Number: 65-0597369 ☐ 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

9. Name and Address of Current Registered Agent

CLOUD, EUGENE M JR.
[redacted] 2620- NANATEE AUE W.
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name: CLOUD, EUGENE M. JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2620- MANATEE AUE W.
83
84 City: BRADENTON FL 85 Zip Code: 34205

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] EUGENE M. CLOUD JR.
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	PSTD	☐ DELETE
NAME	CLOUD, EUGENE M JR.	
STREET ADDRESS	779 NO. SHORE DRIVE	
CITY-ST-ZIP	ANNA MARIA FL 34216	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	800001767448	
6.1 TITLE	-04/03/96--01009--025	☐ Change ☐ Addition
6.2 NAME	***200.00	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: [signature] EUGENE M. CLOUD JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #: 941-749-5557