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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000082443 (9)

1. Corporation Name

MCLEOD MARKETING GROUP, INC.



Principal Place of Business

926 GREAT POND DRIVE #2001
ALTAMONTE SPRINGS FL 32716

Mailing Address

P.O. BOX 160261
ALTAMONTE SPRINGS FL 32716-0261

3. Date Incorporated or Qualified

10/24/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 282 Adelaide St

Suite, Apt. #, etc.

22 City & State

23 DeBary, FL

24 32713

Country

25 Volusia

2a. Mailing Address

26 P.O. Box 160261

Suite, Apt. #, etc.

27 City & State

28 Altamonte Springs, FL

29 32716-0261

Country

30 Seminole

4. FEI Number

59-3350848

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

MCLEOD, AUDREY
926 GREAT POND DRIVE #2001
ALTAMONTE SPRINGS FL 32714

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MCLEOD, AUDREY
STREET ADDRESS 926 GREAT POND DRIVE #2001
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE Vice President/Treasurer ☐ DELETE

NAME Gordon McLeod
STREET ADDRESS 282 Adelaide St
CITY-ST-ZIP DeBary, FL 32713

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 Vice President/Treasurer ☐ Change ☒ Addition

1.2 NAME Gordon McLeod
1.3 STREET ADDRESS 282 Adelaide St
1.4 CITY-ST-ZIP DeBary, FL 32713

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

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

Audrey McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

407-288-7713

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CR2E034 (9/96)