

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
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DOCUMENT # P95000094944

1. Corporation Name

Cloud Consulting, Inc.

Principal Place of Business

Mailing Address

9648 N.W. 7th Circle, #19-25
Plantation, FL 33324

3. Date Incorporated or Qualified
12-12-95

3a. Date of Last Report
1996

2. Principal Place of Business
21 311 So. Calhoun St.

2a. Mailing Address
26 311 So. Calhoun St.

4. FEI Number
65-0624002

Applied For
Not Applicable

22 Suite 202 X

27 Suite 202 X

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 Tallahassee, FL

28 Tallahassee, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 32301 Country Leon

29 Zip 32301 Country Leon

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Robert Wade Cloud
311 So. Calhoun St.
Suite 202 X
Tallahassee, FL 32301

81 Name John S. Koda, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
1001 Avenida del Circo
83
84 City Venice FL 85 Zip Code 34285

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 reinstating)

DATE

6/12/97

12. OFFICERS AND DIRECTORS	
TITLE	President/Treasurer <input type="checkbox"/> DELETE
NAME	Robert Wade Cloud
STREET ADDRESS	311 So. Calhoun St., Suite 202 X
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	Vice President/Secretary <input type="checkbox"/> DELETE
NAME	Laurie S. Cloud
STREET ADDRESS	311 So. Calhoun St., Suite 202 X
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert W. Cloud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/97

Date

(904)
224-2228

Daytime Phone #

CR2E034 (9/96)