## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000105392

1, Corporation Name

MCCLOUD ENTERPRISES, INC.

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90097 020 \*\*\*150.00



| Principal Place of Business Mailing Address |   |                             |                     |             |                            |  |                                |                            |               |
|---|---|-----------------------------|---------------------|-------------|----------------------------|--|--------------------------------|----------------------------|---------------|
| 2055 54TH AVENUE 2055 54TH AVENUE           |   |                             |                     |             |                            |  |                                |                            |               |
| VERO BEACH I                                | FL 32966  | VERO BEACH FL 32966         |                     |             | DO NOT WRITE IN THIS SPACE |  |                                |                            |               |
|   |   |                             |                     |             |                            | Date Incorporated or Qualifed.   |                                |                            | المعقديدور    |
| ورورات والموا                               | رادا واستعماد البيدستين   |                             |                     | ~~ -        | بدائق بدائق المالي         | 12/15/1997   | ,                              |                            |               |
| 2. Principal P                              | ace of Business   | 2a. Mailin                  | g Address           |             |                            | 4, FEI Number  |                                | Ap                         | plied For     |
| 21  |   | 26                          | 26                  |             |                            | 65-0805140   |                                | No                         | t Applicable  |
| Suite, Apt.                                 | #, etc.   |                             | Suite, Apt. #, etc. |             |                            | 5. Certifcate of Status Desired  |                                | \$8.75 A<br>Fee Re         | I             |
| City & State City & State                   |   |                             | State               |             |                            | 6. Election Campaign Financing   |                                | \$5.00                     | May Be        |
| 23  |   | 28                          | 28                  |             |                            | Trust Fund Contribution  |                                | Added to                   | · 1           |
| Zip   | Country   | Zip                         |                     | Country     | 1                          | 8. This corporation owes the curr  | ent year Intan                 | gible                      |               |
| 24  | 25 29   |                             | 30                  | 30          |                            | Personal Property Tax.   ☐ Yes ☐ No  |                                |                            |               |
|   | 9. Name and Address of Curr   |                             | Agent               |             |                            | 10. Name and Address of New F  | Registered A                   | jent                       |               |
|   |   |                             |                     | 81          | Name                       |  |                                |                            | ļ             |
| MCCLOUD, CHARLES C<br>2055 54TH AVENUE      |   |                             |                     | 82          | Street Addr                | ess (P.O. Box Number is Not Acceptable)  |                                |                            |               |
| VERO BEACH FL 32966                         |   |                             |                     | 83          | 7                          | t and the training   |                                |                            |               |
|   |   |                             |                     | -           |                            |  |                                | 85 Zip C                   | - Codo        |
|   |   |                             |                     | 84          | City                       |  | FL                             | 85 Zip C                   | Joue          |
| office or r                                 | to the provisions of Sections 607.0<br>egistered agent, or both, in the Sta<br>m familiar with, and accept the obli | ste of Florida Suci         | h change was alithi | onzed by    | the comoratio              | poration submits this statement for the on's board of directors. I hereby accept | purpose of a<br>of the appoint | nanging its<br>ment as reg | registered    |
| SIGNATORE                                   | Signature, typed or printed name of registered a  | agent and title if applicab | le. (NOTE: Rec      | ustered Age | nt signature require       | d when reinstating)  | DATE                           |                            |               |
| 12.   | OFFICERS  | AND DIRECTORS               |                     | 13.         | ,                          | ADDITIONS/CHANGES TO OF  |                                |                            |               |
| TITLE '                                     | D.  |                             | DELETE              | 1.1 TITLE   |                            |  |                                | Change                     | `  Addition { |
| NAME  | MCCLOUD, CHARLES C  |                             |                     | 1.2 NAME    |                            |  |                                |                            | Ì             |
| STREET ADDRESS                              | 2055 54TH AVENUE  |                             |                     | 1.3 STREE   | TADDRESS                   |  |                                |                            | }             |
| CITY-ST-ZIP                                 | VERO BEACH FL 32966   |                             |                     | 1.4 CITY-S  | T-ZIP                      |  |                                |                            |               |
| TITLE                                       | D   |                             | ☐ DELETE            | 2.1 TITLE   |                            |  |                                | Change                     | Addition {    |
| NAME  | MCCLOUD, AMY  |                             | •                   | 2.2 NAME    |                            |  |                                |                            | 1             |
| STREET ADDRESS                              | 2055 54TH AVENUE  |                             |                     | 2.3 STREE   | TADDRESS                   | •  |                                |                            | ]             |
| CITY-ST-ZIP                                 | VERO BEACH FL 32966   |                             |                     | 2. 4 CITY-5 | ST-ZIP                     |  |                                |                            |               |
| TITLE                                       | S .   |                             | ☐ DELETE            | 3.1 TITLE   |                            |  | Ì                              | Change                     | Addition      |
| NAME  | MCKULLAM, TERRY   |                             |                     | 3.2 NAME    |                            |  |                                |                            | ĺ             |
| STREET ADDRESS                              | 1853 21ST AVENUE  |                             |                     | 3.3 STREE   | T ADDRESS                  |  |                                |                            |               |
| CITY-ST-ZIP                                 | -VERO BCH FL 32966  |                             |                     | 3.4. CITY-5 | ST-ZIP                     |  |                                |                            |               |
| TITLE                                       |   |                             | ☐ DELETE            | 4.1 TITLE   |                            |  |                                | Change                     | ☐ Addition    |
| NAME  |   |                             |                     | 4. 2 NAME   | `                          |  |                                |                            | ì             |
| STREET ADDRESS                              |   |                             |                     | 4.3 STREE   | TADDRESS                   |  |                                |                            | 1             |
| CITY-ST-ZIP                                 |   |                             |                     | 4.4 CITY-S  | T-ZIP                      |  |                                |                            |               |
| TITLE                                       |   |                             | DELETE .            | 5.1 TITLE   | ,                          |  |                                | Change                     | ☐ Addition    |
| NAME  | •   |                             |                     | 5.2 NAME    |                            |  |                                | •                          | }             |
| STREET ADDRESS                              | ·   |                             |                     | 5.3 STREE   | TADDRESS                   |  |                                |                            | Ì             |
| CITY-ST-ZIP                                 |   |                             |                     | 5.4 CITY-S  | T-ZIP                      |  |                                |                            |               |
| TITLE                                       |   |                             | ☐ DELETE            | 6.1 TITLE   |                            |  |                                | Change                     | ☐ Addition    |
| NAME /                                      |   |                             |                     | 6.2 NAME    |                            |  |                                |                            | 1             |
| STREET ADDRESS                              |   |                             |                     | 6.3 STREE   | T ADDRESS                  |  |                                |                            |               |

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP