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 # 110761 (4)

1. Corporation Name

CAIN & BULTMAN, INC.

Principal Place of Business
2145 DENNIS STREET
PO BOX 2815
JACKSONVILLE FL 32203-2815

Mailing Address
2145 DENNIS STREET
PO BOX 2815
JACKSONVILLE FL 32203-2815

3. Date Incorporated or Qualified: 07/13/1926
3a. Date of Last Report: 02/06/1995

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

4. FEI Number: 59-0182850 ☐ 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**

SANDIFER, MICHAEL
2145 DENNIS STREET
JACKSONVILLE FL 32204

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	TD	☐ DELETE
NAME	TYLER, B B	
STREET ADDRESS	2145 DENNIS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	☐ DELETE
NAME	SANDIFER, M A	
STREET ADDRESS	2145 DENNIS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	☐ DELETE
NAME	SANDIFER, T N	
STREET ADDRESS	2145 DENNIS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	S	☐ DELETE
NAME	DERRICK, LA	
STREET ADDRESS	2145 DENNIS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	☐ DELETE
NAME	SANDIFER, N H (CHRM)	
STREET ADDRESS	2145 DENNIS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
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		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #