

2-10-97 B-1581 NC
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Feb 10 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 # 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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified

07/13/1926

3a. Date of Last Report

01/26/1996

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

10. Name and Address of New Registered Agent

SANDIFER, MICHAEL
2145 DENNIS STREET
JACKSONVILLE FL 32204

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

TD
NAME TYLER, B B
STREET ADDRESS 2145 DENNIS
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VD
NAME SANDIFER, M A
STREET ADDRESS 2145 DENNIS
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

PD
NAME SANDIFER, T N
STREET ADDRESS 2145 DENNIS
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

S
NAME DERRICK, LA
STREET ADDRESS 2145 DENNIS
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

PD
NAME SANDIFER, N H (CHRM)
STREET ADDRESS 2145 DENNIS
CITY-ST-ZIP JACKSONVILLE, FL 00000

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 attached sheet with an address.

SIGNATURE

SIGNATURE

1/29/97 9:11 PM 10/11

CH2E034 (9/96)