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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **153192** (0)
1. Corporation Name
CASEY INTERPRISES AND INVESTMENTS, INC.

Principal Place of Business Mailing Address
RT 1 BOX N-669 DEFUNIAK SPRINGS FL 32433 US **RT 1 BOX N-669 DEFUNIAK SPRINGS FL 32433 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/25/1947** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-0576178** 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. 198.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **393 M^{rs} Call Dairy Road** 26 **393 M^{rs} Call Dairy Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **DeFuniak Spgs., FL** 27 **DeFuniak Spgs., FL**
City & State City & State
23 **32433** 28 **32433**
City State City State
24 **Walton** 25 **Walton** 29 **Walton**
City State City State

9. Name and Address of Current Registered Agent
**STANFIELD, CHRISTINIA C.
RT 1 BOX N 669 A
DEFUNIAK SPR FL 32433**

10. Name and Address of New Registered Agent
81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable) **303 M^{rs} Call Dairy Road**
83
84 City **DeFuniak Springs** FL 85 Zip Code **32433**

11. Pursuant to the provisions of Sections 607.0402 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CHRISTINA C. STANFIELD RT. 1 BOX N-669 A DEFUNIAK SPRINGS FL 32433	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	303 M^{rs} Call Dairy Road
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	STD MATTI LOU CASEY RT. 1 BOX N-669 DEFUNIAK SPRINGS FL 32433	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	393 M^{rs} Call Dairy Road
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	VD RONALD N. STANFIELD RT. 1 BOX N-669 A DEFUNIAK SPRINGS FL 32433	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	303 M^{rs} Call Dairy Road
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 198.03(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a study under oath that I am available or able for of the corporation or the recipient of transfer 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: Christinia C. Stanfield 4.26.95 904.892.7801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number