

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

Principal Place of Business  
393 MCCALL DAIRY ROAD  
DEFUNIAK SPRINGS FL 32433  
US

Mailing Address  
393 MCCALL DAIRY ROAD  
DEFUNIAK SPRINGS FL 32433  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 29 Pine Shores Rd  
Suite, Apt. #, etc.  
22  
City & State  
23 Defuniak Spgs FL  
Zip Country  
24 32433 25 USA

2a. Mailing Address  
26 29 Pine Shores Rd  
Suite, Apt. #, etc.  
27  
City & State  
28 Defuniak Spgs FL  
Zip Country  
29 32433 30 USA

3. Date Incorporated or Qualified  
11/25/1947

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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
STANFIELD, CHRISTINA C.  
303 MCCALL DAIRY ROAD  
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 29 Pine Shores Rd  
84 City Defuniak Springs FL 85 Zip Code 32433

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	CHRISTINA C. STANFIELD	303 MCCALL DAIRY ROAD	DEFUNIAK SPRINGS FL	<input type="checkbox"/>
STD	MATTI LOU CASEY	303 MCCALL DAIRY ROAD	DEFUNIAK SPRINGS FL	<input type="checkbox"/>
VD	RONALD N. STANFIELD	303 MCCALL DAIRY ROAD	DEFUNIAK SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
11	29 Pine Shores Rd	Defuniak Spgs FL	32433	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	29 Pine Shores Rd	Defuniak Spgs FL	32433	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	29 Pine Shores Rd	Defuniak Spgs FL	32433	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: PD Christina C. Stanfield, STD Matti Lou Casey, VD Ronald N. Stanfield, 11 29 Pine Shores Rd, Defuniak Spgs FL 32433

CR2E034 (10/97)