

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

FILED
May 19 1998 8:00am
Secretary of State

1998
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **K87752** (7)
1. Corporation Name
CASA COLA, INC.

Principal Place of Business Mailing Address
180 STATE ROAD 207 **180 STATE ROAD 207**
ST. AUGUSTINE FL 32095 **ST. AUGUSTINE FL 32095**



DO NOT WRITE IN THIS SPACE

2. Pri	2a.
21 CASA COLA INC.	26 CASA COLA INC.
Su 1985-A MIZELL RD.	1985-A MIZELL RD.
22 ST. AUGUSTINE, FL 32084	27 ST. AUGUSTINE, FL 32084
Cr	28
23 Zip Country	29 Zip Country
24	30

3. Date Incorporated or Qualified
05/12/1989

4. FEI Number **59-2975510** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

RUNK, CHRISTOPHER	81
180 SR 207	82
ST. AUGUSTINE FL 32095	83
	84

10. Name and Address of Agent

Christopher Runk
1985 Mizell Road
St. Augustine, FL 32084

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 _____ (NOTE - Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNK, P. BRADLEY	1.2 NAME	
STREET ADDRESS	180 SR 207	1.3 STREET ADDRESS	1985 MIZELL RD
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNK, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	180 SR 207	2.3 STREET ADDRESS	1985 MIZELL RD
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNK, ARTHUR H SR.	3.2 NAME	
STREET ADDRESS	180 SR 207	3.3 STREET ADDRESS	1985 MIZELL RD
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNK, ARTHUR H. JR.	4.2 NAME	
STREET ADDRESS	180 SR 207	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 address.

SIGNATURE *CR* **30 APR 98** **9:00 AM**

CR2E034 (10/97)