

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000088167 (9)**

1. Corporation Name

**CATO CUSTOMS, INC.**



Principal Place of Business

Mailing Address

**10424 NORTH COUNTRY 474  
 WILDWOOD FL 34785**

**10424 NORTH COUNTRY 474  
 WILDWOOD FL 34785**

2. Principal Place of Business

2a. Mailing Address

21 **10424 NORTH C-475**

26 **10424 NORTH C-475**

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 **WILDWOOD FL**

28 **WILDWOOD FL**

24 Zip 25 Country

29 Zip 30 Country

**34785 USA**

**34785 USA**

3. Date Incorporated or Qualified

**12/01/1994**

3a. Date of Last Report

**08/14/1995**

4. FEI Number

**59-3245569**

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

**SCOTT, CAROLYN M  
 10424 NORTH COUNTRY 474  
 WILDWOOD FL 34785**

81 Name

**SCOTT, CAROLYN M**

82 Street Address (P.O. Box Number is Not Acceptable)

**10424 NORTH C-475**

83

84 City

**WILDWOOD**

FL

85 Zip Code

**34785**

10. Name and Address of New Registered Agent

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 re-statuted)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, CAROLYN M</b>	
STREET ADDRESS	<b>10424 NORTH COUNTRY 474</b>	
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, THOMAS</b>	
STREET ADDRESS	<b>10424 NORTH COUNTRY 474</b>	
CITY-ST-ZIP	<b>WILDWOOD FL 34785</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>SCOTT, CAROLYN M</b>	
13 STREET ADDRESS	<b>10424 NORTH C-475</b>	
14 CITY-ST-ZIP	<b>WILDWOOD, FL 34785</b>	
21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>SCOTT, THOMAS</b>	
23 STREET ADDRESS	<b>10424 NORTH C-475</b>	
24 CITY-ST-ZIP	<b>WILDWOOD, FL 34785</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 617, Florida Statutes, and that my name appears in block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

*Carolyn M. Scott*

**CAROLYN M. SCOTT**

**8/5/96**

**352-748-7782**

Daytime Phone #

CR2E034 (3/96)