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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS P95000040314 (3) DOCUMENT # CATHERINE A. ROOKS, P.A. Principal Place of Business Mailing Address 1206 SE US 19 1206 SE US 19 CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1995 NIA 2. Principal Place of Business 2a. Mailing Address 4. FEI Number SAME Applied For 21, SAME 26 59-331 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zφ Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CASSIDY, CATHERINE R Street Address (P.O. Box Number is Not Acceptable) 82 1206 SE US 19 **CRYSTAL RIVER FL 34429** 83 84 City **B5** 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typeo or printed name of registered agent and trile if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD TITLE DELETE 1. 1 TITLE Change Addition NAME CASSIDY, CATHERINE R 1.2 NAME C/O 1206 S.E. US 19 STREET ADDRESS 1.3 STREET ADDRESS **CRYSTAL RIVER FL 34429** CITY-ST-ZIP 1.4 CITY-ST-ZIP THILE DELETE 2. 1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Addition Change NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 34 CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change □ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5. 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6. 1 TITLE ☐ Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 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 cath; 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 attagramment with an address.

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