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

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

Mailing Address

CASON & GASKINS T V INC

FILED Feb 23 1998 8:00am Secretary of State



308 SHOPPING CENTER DRIVE WILDWOOD FL 34785			308 SHOPPING CENTER DRIVE WILDWOOD FL 34785			DO MOT WOTE IN THIS COASE
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1969
2. Principal Pi	ace of Business	i	2a. Mailing Address			4. FEI Number Applied For 59-6236233 Not Applicable
Suite, Apt.	⊭, etc.		Suite, Apt. #, etc.			SR 75 Additional
22		27				5. Certificate of Status Desired Fee Regulred
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible
24 25 29 9. Name and Address of Current Registers			d Agent			Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent
JONES, DALE E.				81 Name		
	SHOPPING CENTER DR.				<u> </u>	70.00
	DWOOD FL 34785		8		Street	Address (P.O. Box Number is Not Acceptable)
				83		
				84	City	FL 85 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 Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICEF	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DATE F	□ DE	LETE 1.1 T	ITLE		Change ☑ Addition
NAME	JONES, DALE E	100		IAME		ALAN BRANCH
STREET ADDRESS	308 SHOPPING CENTER	i un.	1.3 \$	1.3 STREET ADDRESS 3		308 SHOPPING CENTER DR
CITY-ST-ZIP	WILDWOOD, FL 00000			ITY-S	r-ZIP	WILDWOOD FL 34785
TITLE	GASKINS, RICHARD A	☐ DE				☐ Change ☐ Addition
NAME	308 SHOPPING CENTER	םח ב	221			
STREET ADDRESS	WILDWOOD, FL 00000	1 Un.		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		eg
CITY-ST-ZIP TITLE	1	⊠ DE			IT-ZIP	Change Addition
NAME	GASKINS, TRACY L.	ka on				Change - Nounion
STREET ADDRESS	308 SHOPPING CENTER	ng s	3.2 M		4000000	
CITY-ST-ZIP	WILDWOOD FL	1 5111			ADDRESS	
TITLE		DE		CITY - S	11-ZIF	☐ Change ☐ Addition
NAME				NAME	- 1	
STREET ADDRESS					address	
CITY-ST-ZIP				4.4 CITY - ST- ZIP		
TITLE		DE			<u> </u>	☐ Change ☐ Addition
NAME	521		AME		_ , _	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4.0	ITY-S	r-zip	
TITLE		☐ DE				Change Addition
NAME			6.2 N	AME	ļ	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-SI]	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	ortify that the information supp	lied with this filing does not a				d 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 trusteerempowered 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.

Dale F Tones 2/18/98 352-748-2021