

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 8:55

DOCUMENT # 412574 (6)

1. Corporation Name
F P CADE & SONS, INC

Principal Place of Business Mailing Address
**543 RAULERSON RD.
P O BOX 33
SEVILLE FL 32190** **543 RAULERSON RD.
P O BOX 33
SEVILLE FL 32190**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/09/1972 **03/14/1994**

4. FEI Number Applied For
59-0963640 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

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CADE, JOHN PASCO
543 RAULERSON RD
SEVILLE FL 32190**

10. Name and Address of New Registered Agent

81 Name

82 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | PD |
| NAME | CADE, JOHN P |
| STREET ADDRESS | 543 RAULERSON RD |
| CITY-ST-ZIP | SEVILLE FL 32190 |
| TITLE | SD |
| NAME | CADE, FORREST E |
| STREET ADDRESS | 2111 MCBRIDE RD |
| CITY-ST-ZIP | SEVILLE FL 32190 |
| TITLE | VD |
| NAME | CADE, JAMES L |
| STREET ADDRESS | 526 CR 305 |
| CITY-ST-ZIP | SEVILLE FL 32190 |
| TITLE | TD |
| NAME | RIVERS, CHARLES D. |
| STREET ADDRESS | 2136 MCBRIDE RD |
| CITY-ST-ZIP | SEVILLE FL 32190 |
| TITLE | V |
| NAME | RIVERS, IRIS CADE |
| STREET ADDRESS | 2136 MCBRIDE RD |
| CITY-ST-ZIP | SEVILLE FL 32190 |
| TITLE | V |
| NAME | CADE, VANN P. |
| STREET ADDRESS | 2145 MCBRIDE RD |
| CITY-ST-ZIP | SEVILLE FL 32190 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John P. Cade President 2-27-95 904-749-2117