

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

FILED

**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 412574 (6)

1. Corporation Name
F P CADE & SONS, INC



Principal Place of Business 543 RAULERSON RD. P O BOX 33 SEVILLE FL 32190	Mailing Address 543 RAULERSON RD. P O BOX 33 SEVILLE FL 32190-0033
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 11/09/1972	3a. Date of Last Report 04/18/1996
4. FEI Number 59-0983640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	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 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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PO <input type="checkbox"/> DELETE
NAME	CADE, JOHN P
STREET ADDRESS	543 RAULERSON RD
CITY - ST - ZIP	SEVILLE FL 32190
TITLE	SD <input type="checkbox"/> DELETE
NAME	CADE, FORREST E
STREET ADDRESS	2111 MCBRIDE RD
CITY - ST - ZIP	SEVILLE FL 32190
TITLE	VD <input type="checkbox"/> DELETE
NAME	CADE, JAMES L
STREET ADDRESS	526 CR 305
CITY - ST - ZIP	SEVILLE FL 32190
TITLE	TD <input type="checkbox"/> DELETE
NAME	RIVERS, CHARLES D.
STREET ADDRESS	2136 MCBRIDE RD
CITY - ST - ZIP	SEVILLE FL 32190
TITLE	V <input type="checkbox"/> DELETE
NAME	RIVERS, IRIS CADE
STREET ADDRESS	2136 MCBRIDE RD
CITY - ST - ZIP	SEVILLE FL 32190
TITLE	V <input type="checkbox"/> DELETE
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 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 an address.

SIGNATURE: *John P. Cade* President 4-11-97 904-749-2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)