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

**CORPORATION** ANNUAL REPORT

1998

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 412574 (6)

F P CADE & SONS, INC

**FILED** Mar 18 1998 8:00am Secretary of State

						R 81871 BABA 31811 1881			
Principal Place of Business 543 RAULERSON RD. P O BOX 33 SEVILLE FL 32190		Mailing Address		i ibair aifit, tiate tiat fritt tate aifit alfit fiftt fill	ir afalt aftit Atan 1881				
		543 RAULERSON RD. P O BOX 33 SEVILLE FL 32180			DO NOT WRITE IN THIS SPA	CE			
					3. Date Incorporated or Qualified 11/09/1972				
2. Principal Place of Business		2a, Mailing Address			4. FEI Number	Applied For			
21		26			59-0963640	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			8.75 Additional Fee Required				
City & State		City & State		Election Campalgn Financing     Trust Fund Contribution     Added to Fees					
Zip 24	Country 25	Zip <b>29</b>	30 Cou	ntry	8. This corporation owes or has paid the current Personal Property Tax due June 30.	es 🔲 No			
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
	DE, JOHN PASCO RAULERSON RD		i	81 Name					
	VILLE FL 32190				t Address (P.O. Box Number is Not Acceptable)				
			ļ	83					
				94 City		E Zin 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 re agent. I a	egistered agent, or both, in the State of Flo m familiar with, and accept the obligations	ida. Such change was a of, Section 607.0505, Fic	uthorized by the corpora rida Statutes.	tion's board of directors. I hereby accept the	appointment as	registered
SIGNATURE					-	
	Signature, typed or pricted name of registered agent and till OFFICERS AND DIRE	· · · · · · · · · · · · · · · · · · ·	Registered Agent algnature requ	red when reinstating) DA  ADDITIONS/CHANGES TO OFFICERS	· · · · · · · · · · · · · · · · · · ·	C (N 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	CADE, JOHN P		1.2 NAME			
STREET ADDRESS	543 RAULERSON RD		1.3 STREET ADORESS			
	SEVILLE FL 32190					
CITY-ST-ZIP TITLE	SD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
	CADE. FORREST E	C Decerie			C) Onenge	الماليم ليا
NAME	2111 MCBRIDE RD		2 2 NAME	<u></u>	4	
STREET ADDRESS	SEVILLE FL 32190		2.3 STREET ADDRESS	· ·	•	
CITY-ST-ZIP	VD VD	DELETE	2.4 CITY - ST - ZIP		Change	Additio
TITLE	,_	□ bereie	3.1 TITLE		Change	LJ AOUIGO
NAME	CADE, JAMES L		3.2 NAME			
STREET ADDRESS	526 CR 305		3.3 STREET ADDRESS			
CITY-ST-ZIP	SEVILLE FL 32190		3.4. CITY-ST-ZIP			
TITLE	TO	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	RIVERS, CHARLES D.		4. 2 NAME			
STREET ADORESS	2136 MCBRIDE RD		4.3 STREET ADDRESS			
CITY-ST-ZIP	SEVILLE FL 32190		4.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE	5.1 TITLE		Change	Addition
NAME	RIVERS, IRIS CADE		5.2 NAME			
STREET ADDRESS	2136 MCBRIDE RD		5.3 STREET ADDRESS			
CITY-ST-ZIP	SEVILLE FL 32190	•	54 CITY-ST-ZIP			
TITLE	V	DELETE	61 TITLE		☐ Change	Addition
NAME	CADE, VANN P.	_	6.2 NAME		•	
STREET ADDRESS	2145 MCBRIDE RO		6.3 STREET ADDRESS			
0110277000000	SEVILLE EL 32190		C.4 DITY ST. THO			

14. I 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

John P. Cade