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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 482681

CADDANELL EADING INC

OMIONIL	LL FARMS, INC										
Principal Place o	l Business		Mailing Address	s				ADI FARF DIBA DIDI	I BURN DIRIN BIRN		
101 E KENNEDY BLVD #1450 P. O. BOX 349 TAMPA FL 33601			101 E KENNEDY BLVD #1450 P. O. BOX 349 TAMPA FL 33601-0349								
US			US				<ol> <li>Date Incorporated or Quali 08/12/1975</li> </ol>		ate of Last F   <b>/24/1996</b>	leport	
2. Principal Plac	e of Business		2a. Mailing Add	ress			4. FEI Number		A	oplied For	
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.				59-1644757  5. Certificate of Status Desired			Not Applicable	
									Fee Required		
City & State			City & State				Election Campaign Financi     Trust Fund Contribution	ng 🔲		May Be to Fees	
Zip 24	Countr 25	<b>⁻</b>	Zip 29		Countr 30	у	8. This corporation has liabilit Florida Statutes	y for intangibl		199.032,	
	9. Name and Addre						10. Name and Address of Ne	w Registered	Agent		
WARO	, DAVID E.				B1	Name					
101 E KENNEDY BLVD #3700 TAMPA FL 33801		F3700	:		64	Street Ad	ddress (P.O. Box Number is Not Acceptable)				
TAMP	N PL 33001				8:	3					
					84	City	······································	FL	<b>85</b> Zip	Code	
11. Pursuant to	the provisions of Seclistered agent, or both	tions 607.0502 an n, in the State of F	id 607.1508, Flori Iorida, Such chai	ida Statute nge was at	s, the about uthorized to	ve-named co by the corpor	orporation submits this statement for ration's board of directors. I hereby	the purpose of accept the ap	of changing i pointment as	ts registered registered	
office or reg agent. I am	familiar with, and acc	ept the obligation	is of, Section 607	.0303, Fior	ilua Sialult	98.					
agent Lam SIGNATURE	familiar with, and acc						witer when coinstains	DATE			
agent Lam SIGNATURE	familiar with, and acc	e of registered agent and	d title if applicable		Registered A		guired when reinstating)  ADDITIONS/CHANGES TO (	DATE DEFICERS AN	D DIRECTOR	RS IN 12	
agent Lam SIGNATURE Sig 12.	familiar with, and acc		d title if applicable RECTORS				quired when reinstating) ADDITIONS/CHANGES TO 0		D DIRECTOR	RS IN 12	
SIGNATURE Signature	familiar with, and accommunic typed or proved name	e of registered agent and	d title if applicable RECTORS	(NOTE:	Registered A	gent signature req					
agent I am SIGNATURE 12. HILE NAME	familiar with, and accommittee typed or proved name O	e of registored agent and FFICERS AND DI	d title if applicable RECTORS	(NOTE:	13. 1.1 TITLE	gent signature req					
agent I am SiGNATURE 59 12. THLE NAME STREET ADDRESS	familiar with, and accommunity type of a provided name OS S WARD, NELL	e of registored agent and FFICERS AND DI	d litte if applicable RECTORS 0	(NOTE:	13. 1.1 TITLE	gent signature req					
AGENTURE SIGNATURE  12.  THE NAME STREET ADDRESS CHY-ST-ZIP THE	familiar with, and accommunic typed or proved name OS S WARD, NELL 2403 ARDSON PLI TAMPA FL	e of registored agent and FFICERS AND DI	d litte if applicable RECTORS 0	(NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET	gent signature req ET ADDRESS ST-ZIP					
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

David E. Ward, Jr., Partner

(813) 223-4496

**FILED** 

May 08 1997 8:00am

Secretary of State