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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 498798 (8)**  
 1. Corporation Name  
**CASCADES LANES, INC.**

Principal Place of Business Mailing Address  
 1818 SW 17TH ST  
 OCALA FL 32674 34474  
 1028 S.E. 14th Terr.  
 Ocala, Fla. 34471

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**03/12/1976**  
 3a. Date of Last Report  
**02/02/1994**  
 4. FEI Number  
**59-1656120**  
 Applied For  
 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

9. Name and Address of Current Registered Agent  
**CURRY, LANDIS V. JR.**  
**21 N.E. 1ST AVE.**  
**OCALA FL 32670**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**FL**

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 reinstating)

12. OFFICERS AND DIRECTORS

|                |                                     |
|----------------|-------------------------------------|
| TITLE          | VD                                  |
| NAME           | LAWRENCE, KATREEN <b>KATRENE</b>    |
| STREET ADDRESS | 1215 S.E. 22ND AVE.                 |
| CITY-ST-ZIP    | OCALA FL                            |
| TITLE          | AST                                 |
| NAME           | CURTIS, WAYNE C. (ASST)             |
| STREET ADDRESS | 1028 SE 14TH TERRACE                |
| CITY-ST-ZIP    | OCALA FL                            |
| TITLE          | P                                   |
| NAME           | <del>COLLINS, SELMA J BOWLAND</del> |
| STREET ADDRESS | <del>613 SE FORT KING STR</del>     |
| CITY-ST-ZIP    | <del>OCALA FL</del>                 |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>President Charles T. Collins</b>  |
| 3.3 STREET ADDRESS | <b>1634 Brunner Terrace</b>  |
| 3.4 CITY-ST-ZIP    | <b>Melbourne, FL 32935</b>   |
| 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 119.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne C. Curtis **WAYNE C. CURTIS** 3-13-95 904-732-2329  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee \$