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

APPROVED AND FILED
95 JAN 18 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 538447 (4)

1. Corporation Name
JOHN CASSIDY & SONS, INC.

Principal Place of Business	Mailing Address
3680 N.W. 73RD ST. MIAMI FL 33147 US	4811 ROOSEVELT STREET HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1977
3a. Date of Last Report: 07/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1790932 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHLICHTE, RAY A. JR.
2134 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: JOHN H. CASSIDY
82 Street Address (P.O. Box Number is Not Acceptable): 3680 N.W. 73RD ST.
83
84 City: MIAMI FL 85 Zip Code: 33147

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRES/DIR	☒ Change ☐ Addition
NAME	CASSIDY, JOHN	1.2 NAME	PAUL F. CASSIDY	
STREET ADDRESS	4811 ROOSEVELT ST.	1.3 STREET ADDRESS	11914 S.W. 9TH CT	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	DAVIE, FL. 33325	
TITLE	SD	2.1 TITLE	SEC'Y/TREAS/DIR	☒ Change ☐ Addition
NAME	CASSIDY, KATHLEEN	2.2 NAME	MARTHA COLLIER	
STREET ADDRESS	4811 ROOSEVELT ST.	2.3 STREET ADDRESS	2110 N.W. 117 TERR	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE		3.1 TITLE	DIR.	☒ Change ☐ Addition
NAME		3.2 NAME	JOHN H CASSIDY	
STREET ADDRESS		3.3 STREET ADDRESS	4811 ROOSEVELT ST	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		4.1 TITLE	DIR	☐ Change ☒ Addition
NAME		4.2 NAME	JANE E. CASSIDY	
STREET ADDRESS		4.3 STREET ADDRESS	12200 N.W. 9TH AV	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

SPT 1/20

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)(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 added by this report with an address.

SIGNATURE: _____ 1/12/95 (305) 836-6216
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #

0002581 CR