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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 637546

(3)

1. Corporation Name CATES & ASSOCIATES, INC.		 	B(B)) B(B)(B(B)(B)B)(B)B)(B1B)
Principal Place of Business Mailing Address			
Principal Place of Business Mailing Address 1101 GULF BREEZE PKWY P.O BOX 5 STE, 116 GULF BREEZE FL 325	62-0005		
GULF BREEZE FL 32561 US		DO NOT WRITE IN TH	HIS SPACE
US		3. Date Incorporated or Qualified 09/26/1979	
2. Principal Place of Business 21 3102 Chi ppewa Lane 26 3102 Chi	ppewa Lane	4. FEI Number 59-1945820	Applied For Not Applicable
Sulte, Apt. #, etc. Sulte, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
23 Pace, FL 28 Pace, 1		Trust Fund Contribution	Added to Fees
Zip Country Zip 24 3 2 5 7/ 25 Sanda ROS 9 29 3 2 5 7 / 9. Name and Address of Current Registered Agent	Sa Ma Ross	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
		10. Name and Address of New Register	ed Agent
CATES, RICHARD G.	81 Name		J
201 PENSACOLA BEACH RD.	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
A-8 GULF BREEZE FL 32561	83		
And the second of the Andrews	84 City		85 Zip Code
±			- L_ _
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Sta office or registered agent, or both, in the State of Florida. Such change wa agent. I amfamiliar with, and accept the obligations of, Section 607.0505. 	itutes, the above-named corp as authorized by the corporati Elevida Statutos	oration submits this statement for the purposion's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE KILL OF PREMINE			
	NOTE: Registered Agent signature require		
12. OFFICERS AND DIRECTORS TITLE PD DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	
NAME CATES, RICHARD G.			
STREET ADDRESS 201 PENSACOLA BEACH RD., A-8	1.3 STREET ADDRESS	102 Chippowa Lane	
CITY-ST-ZIP GUL BREEZE FL	1.4 CITY-ST-ZIP	Ducy, FL 3257/	
TITLE 8T DELETE	2.1 TITLE		Change Addition
NAME CATES, RICHARD G.	2.2 NAME		
STREET ADDRESS 201 PENSACOLA BEACH BLVD.	2.3 STREET ADDRESS	102 chippown Lave	
CITY-ST-ZIP GULF BREEZE FL	2.4 CITY-ST-ZIP	Mrs. FL 32571	
TITLE DELETE	3.1 TITLE		Change Addition
NAME	3.2 NAME		
STREET ADDRESS	n a crotet Apprece		
	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE DELETE			Change Addition
	3.4. CITY-ST-ZIP		Change Addition
TITLE DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE DELETE NAME STREET ADDRESS CITY-SI-ZIP	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE DELETE NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE DELETE NAME STREET ADDRESS CITY-SI-ZIP TITLE DELETE NAME	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DELETE DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
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TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 chapted, or on an attachment with an address.

FILED

Feb 04 1998 8:00am

Secretary of State