FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **650745** **(3)**

1. Corporation Name

CANE SLOUGH CORPORATION

Principal Place of Business

~~2125 SW MAYFLOWER DR.~~
~~PALM CITY FL 34990~~

Mailing Address

~~2125 SW MAYFLOWER DR.~~
~~PALM CITY FL 34990~~

3. Date Incorporated or Qualified: 12/27/1979

3a. Date of Last Report: 02/08/1995

4. FEI Number: 59-2080020 ☐ 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

2. Principal Place of Business

21 1401 S.E. Glencoe Ct.
22 Port St. Lucie, Fl.
23 34952 / St. Lucie
Zip / County
24 25

2a. Mailing Address

26 1401 S.E. Glencoe Ct.
27 Port St. Lucie, FL.
28 34952 / St. Lucie
Zip / County
29 30

9. Name and Address of Current Registered Agent

STEVENS, MARK E.
~~2125 SW MAYFLOWER DR.~~
~~PALM CITY FL 34990~~

10. Name and Address of New Registered Agent

81 Name: Stevens MARK E.
82 Street Address (P.O. Box Number is Not Acceptable): 1401 S.E. Glencoe Ct.
83 Port St. Lucie, FL. 34952
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0202 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: MARK E. Stevens / Mark E Stevens 3/13/96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEVENS, MARK E ~~2125 SW MAYFLOWER DR.~~ ~~PALM CITY FL~~	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEVENS, BETTY ~~2125 SW MAYFLOWER DR.~~ ~~PALM CITY FL~~	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	PD Stevens, MARK E. 1401 S.E. Glencoe Ct. Port St. Lucie, FL. 34952	☒ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	D Stevens, Betty 1401 S.E. Glencoe Ct. Port St. Lucie, FL 34952	☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP		☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added, or deleted, or on an attachment with an address.

SIGNATURE: Mark E. Stevens, P.D. 3-13-96 (407) 398-9016
Betty Stevens, D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

BETTY STEVENS