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FILED  
Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **666678**

(8)

1. Corporation Name

**CEDAR RESOURCES, INC.**

Principal Place of Business

Mailing Address

**2650 ENTERPRISE ROAD  
CLEARWATER FL 34623**

**2650 ENTERPRISE ROAD  
CLEARWATER FL 34623-1105**



3. Date Incorporated or Qualified  
**04/14/1980**

3a. Date of Last Report  
**03/29/1996**

2. Principal Place of Business

21 **1001 S. Myrtle Avenue**

2a. Mailing Address

26 **1001 S. Myrtle Avenue**

4. FEI Number

**59-2132362**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite 7**

Suite, Apt. #, etc.

27 **Suite 7**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

23 **Clearwater, FL**

City & State

28 **Clearwater, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

24 **34616**

Country

25 **USA**

Zip

29 **34616**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PAGE, JOHN C.  
2650 ENTERPRISE ROAD  
CLEARWATER FL 34623**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1001 S. Myrtle Avenue**

83 **Suite 7**

84 City **Clearwater**

**FL**

85 Zip Code  
**34616**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DICK, BRIAN B**  
STREET ADDRESS **2650 ENTERPRISE RD**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **DPST** ☐ DELETE

NAME **PAGE, JOHN C.**  
STREET ADDRESS **2650 ENTERPRISE ROADVD**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **1001 S. Myrtle Avenue, Suite 7**  
1.4 CITY-ST-ZIP **Clearwater, FL 34616**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **1001 S. Myrtle Avenue, Suite 7**  
2.4 CITY-ST-ZIP **Clearwater, FL 34616**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John C. Page**

**3/21/97**

**813-443-3444**

Date

Daytime Phone #

CR2E034 (9/96)