

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 # 842358 (4)

1. Corporation Name
R.L. CASEY, INC.



Principal Place of Business
C/O J. NIXON DANIEL III
7TH FLOOR BRENT BLDG
PENSACOLA FL 32576

Mailing Address
C/O J. NIXON DANIEL III
7TH FLOOR BRENT BLDG
PENSACOLA FL 32576
US

3. Date Incorporated or Qualified 01/12/1979
3a. Date of Last Report 02/14/1995
4. FEI Number 56-1212844
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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

DANIEL, J. NIXON III
7TH FLOOR BRENT BLDG
PENSACOLA FL 32576

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 CD ☐ DELETE
NAME CASEY, ROBERT L SR
STREET ADDRESS 5906 CARDINAL DR
CITY-ST-ZIP GREENSBORO NC

TITLE SD ☐ DELETE
NAME CASEY, GRACIE J. (SEC)
STREET ADDRESS 5906 CARDINAL DR
CITY-ST-ZIP GREENSBORO NC

TITLE PTD ☐ DELETE
NAME JOHNSON, COMMIE R
STREET ADDRESS RT 2 BOX 40
CITY-ST-ZIP STOKESDALE NC

TITLE V ☐ DELETE
NAME HAIRR, FRANK
STREET ADDRESS RT. 1 BOX 3287
CITY-ST-ZIP CLIMAX, NC.

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 CDT ☒ Change ☐ Addition
1.2 NAME Robert L. Casey, Sr.
1.3 STREET ADDRESS 5906 Cardinal Dr.
1.4 CITY-ST-ZIP Greensboro, NC 27410

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PTD ☒ Change ☐ Addition
3.2 NAME Commie R. Johnson
3.3 STREET ADDRESS 7769 Hwy 68 North
3.4 CITY-ST-ZIP Stokesdale, NC 27357

4.1 TITLE V ☒ Change ☐ Addition
4.2 NAME Frank Hairr
4.3 STREET ADDRESS 4609 Hale Rd.
4.4 CITY-ST-ZIP Climax, NC 27233

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Treasurer/Chairman of Board 3-11-96
R.L. Casey, Sr.

910-292-8227

Date:

Daytime Phone #

CR2E034 (12/95)