

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90032 036 ***150.00

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DOCUMENT # **842358**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1979

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Same**
1.4 CITY-ST-ZIP **8146 Flatrock Road
Stokesdale, NC 27357**

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Same**
2.3 STREET ADDRESS **8146 Flatrock Road**
2.4 CITY-ST-ZIP **Stokesdale, NC 27357**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **JOHNSON, COMMIE R**
CITY-ST-ZIP **7769 HWY 68 N
STOKESDALE NC**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Same**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **HAIR, FRANK**
CITY-ST-ZIP **4609 HALE RD
CLIMAX, NC.**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **HOWERTON, ANTHONY D**
CITY-ST-ZIP **9022 COUNTY LINE RD
KERNERVILLE NC**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Anthony Howerton
Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

336-292-8227

Date

Daytime Phone #

CR2E034 (11/98)