

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F12556** (9)

1. Corporation Name

CAYO INVESTMENTS, INC.



Principal Place of Business

**P.O. BOX 2152
KEY WEST FL 33045-2152**

Mailing Address

**P.O. BOX 2152
KEY WEST FL 33045-2152**

3. Date Incorporated or Qualified
12/23/1980

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **600 FRONT ST**

26 **600 FRONT ST**

4. FEI Number
59-2071065

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE B7**

27 **SUITE B7**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **KEY WEST FL 33040**

28 **KEY WEST FL 33040**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33040**

25 **MONROE**

29 **33040**

30 **MONROE**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPOTTSWOOD, JOHN M
500 FLEMING ST
KEY WEST FL 33040**

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 its agent

(NOTE: Registered Agent's signature required on this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P
PADRON, RICHARD
76 DOGWOOD LN.
SUGARLOAF KEY FL**

☒ DELETE

**T
MOORE, RANDY
1104 TRUMAN AVENUE
KEY WEST FL**

☒ DELETE

**S
COLLINS, RICHARD
1212 GEORGIA STREET
KEY WEST FL**

☒ DELETE

**VAS
SPOTTSWOOD, JOHN M.
500 FLEMING ST.
KEY WEST FL**

☐ DELETE

**V
BETANCOURT, RALPH
1510 ROSE STREET
KEY WEST FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP / J** ☐ Change ☒ Addition

1.2 NAME **WILLIAM B SPOTTSWOOD**
1.3 STREET ADDRESS **500 FLEMING STREET**
1.4 CITY-ST-ZIP **KEY WEST, FL 33040**

2.1 TITLE **S / VP / J** ☐ Change ☒ Addition

2.2 NAME **ROBERT A SPOTTSWOOD**
2.3 STREET ADDRESS **600 FRONT ST SUITE B7**
2.4 CITY-ST-ZIP **KEY WEST, FL 33040**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **P / J** ☒ Change ☐ Addition

4.2 NAME **JOHN M SPOTTSWOOD JR**
4.3 STREET ADDRESS **500 FLEMING ST**
4.4 CITY-ST-ZIP **KEY WEST, FL 33040**

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

4/16/96 305-294-3000

CR2E034 (12/95)