

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 APR -7 AM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **F15279** (5)

1. Corporation Name

CARADEAN CONSTRUCTION, INC.

Principal Place of Business

**10214 TRANQUIL LANE
ODESSA FL 33556**

Mailing Address

**10214 TRANQUIL LANE
ODESSA FL 33556**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1981

3a. Date of Last Report

07/05/1994

2. Principal Place of Business

21 7426 LUTZ LAKE FERN ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 7426 LUTZ LAKE FERN ROAD

Suite, Apt. #, etc.

4. FEI Number

59-2098469

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

**MANLEY, DEAN
10214 TRANQUIL LANE
ODESSA FL 33556**

10. Name and Address of New Registered Agent

81. Name

DEAN MANLEY

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

7426 LUTZ LAKE FERN ROAD

83.

84. City

ODESSA**FL**

85. Zip Code

33556

I, 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

*Dean Manley***3-31-95**

(Signature typed or printed name of registered agent and title)

(Date Registered Agent Signature required after resolution)

(Date)

OFFICERS AND DIRECTORS

TITLE	D
NAME	MANLEY, CHRISTINE
STREET ADDRESS	10214 TRANQUIL LANE
CITY, ST, ZIP	ODESSA, FL 00000
TITLE	DP
NAME	MANLEY, DEAN
STREET ADDRESS	10214 TRANQUIL LANE
CITY, ST, ZIP	ODESSA, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
12 NAME	D
13 STREET ADDRESS	MANLEY, CHRISTINE
14 CITY, ST, ZIP	7426 LUTZ LAKE FERN ROAD
2.1 TITLE	☒ Change ☐ Addition
22 NAME	DP
23 STREET ADDRESS	MANLEY, DEAN
24 CITY, ST, ZIP	7426 LUTZ LAKE FERN ROAD
3.1 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	ODESSA, FL. 33556
4.1 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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:

Dean Manley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-31-95****813-920-3213**

Date

Telephone Number