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 # **F33079** **(7)**

1. Corporation Name

DEWITT CASEY COMPANY

Principal Place of Business	Mailing Address
8333 W. MCNAB ROAD. SUITE 107 TAMARAC FL 33321	8333 W. MCNAB RD STE 107 TAMARAC FL 33321 US

3. Date Incorporated or Qualified: **05/01/1981**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21: 8333 W. McNAB Rd
Suite, Apt. #, etc.
22: ~~#~~ 203
City & State
23: TAMARAC
Zip: 24: FL. County: 25: 33321

2a. Mailing Address
26: 8333 W. McNAB Rd
Suite, Apt. #, etc.
27: 203
City & State
28: TAMARAC
Zip: 29: FL. Country: 30: 33321

4. FEI Number: **59-2105608** ☐ 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

9. Name and Address of Current Registered Agent

CASEY, DEWITT C., JR.
8333 W. MCNAB RD
STE 107
TAMARAC FL 33321

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 of New Registered Agent (if changing) — Name of New Registered Agent (if changing) — Date

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	CASEY, DEWITT C.	
STREET ADDRESS	3200 PORT ROYALE DR 1806	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VAST	☐ DELETE
NAME	CASEY, CLINTON M.	
STREET ADDRESS	777 S. FEDERAL HWY., R. P. #311	
CITY-ST-ZIP	POMPANO BCH. 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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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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)(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: DEWITT CASEY — 1/17/96 — 954-720-0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #