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 # **F93000003534 (5)**

1. Corporation Name

CADY BAG COMPANY, INC.

Principal Place of Business	Mailing Address
1 OLD DOUGLAS-PEARSON HIGHWAY PEARSON GA 31642 US	PO BOX 68 PEARSON GA 31642 US

3. Date Incorporated or Qualified: **08/03/1993**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **58-2059164** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SANDERS, DELORES
4008 W ALVA
TAMPA FL 33614

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 Section 607.0505 and 617.1505, 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: Dolores J. Sanders 3/26/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	WALKER, WANDA C		2 NAME	
STREET ADDRESS	509 NORTH KING ST		3 STREET ADDRESS	
CITY-ST-ZIP	PERARSON GA		4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	WALKER, CONNIE D		6 NAME	
STREET ADDRESS	509 NORTH KING ST		7 STREET ADDRESS	
CITY-ST-ZIP	PERARSON GA		8 CITY-ST-ZIP	
TITLE	S	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	MCCRANIE, KAREN T		10 NAME	
STREET ADDRESS	509 NORTH KING ST		11 STREET ADDRESS	
CITY-ST-ZIP	PEARSON GA		12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 added above.

SIGNATURE: Connie D. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie D Walker 3/26/96

Daytime Phone Number
912-422-3298