

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G04579** (0)
1. Corporation Name
CAVIN HOLDINGS, INC.

Principal Place of Business Mailing Address
103 MAHOGANY LANE **103 MAHOGANY LANE**
NAPLES FL 33961 **NAPLES FL 33961**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1380 39th St, S.W.		26 1380 39th St, S.W.		10/15/1982		03/19/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
				59-2295977		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Naples, FL		28 Naples, FL		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		6. Election Campaign Financing		Trust Fund Contribution	
24 34117		29 34117		<input type="checkbox"/>		<input type="checkbox"/>	
25 Country		30 Country		8. This corporation owes or has paid the current year intangible		Personal Property Tax due June 30.	
25 Collier		30 Collier		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STANLEY, JOHN F 4040 OLD TRAIL WAY NAPLES FL 33940							

STANLEY, JOHN F
4040 OLD TRAIL WAY
NAPLES FL 33940

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	PD	1.1 TITLE	
NAME	CAVIN, LEE	1.2 NAME	
STREET ADDRESS	114 OAK LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	CAVIN, MARJORIE	2.2 NAME	
STREET ADDRESS	114 OAK LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	CAVIN, ROBERT	3.2 NAME	
STREET ADDRESS	103 MAHOGANY LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

DATE

CR2E034 (4/97)