FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G30240** **(7)**

1. Corporation Name
CAYUGA CORPORATION

Principal Place of Business	Mailing Address
3509 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33436	P. O. BOX 4610 BOYNTON BCH. FL 33424 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1983
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2287134 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 | County — 25
Zip — 29 | County — 30
8. The corporation has liability for intangible tax under S. 199.052, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HANCOCK, RICHARD A.
3810 SANDPIPER DR., #12
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name: Hancock, Richard A.
82 Street Address (P.O. Box Number is Not Acceptable): 2627 Crabapple Circle
83 Boynton Beach, Fl 33436
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HANCOCK, ROBERT	12 NAME		
STREET ADDRESS	10867 QUAIL COVEY RD	13 STREET ADDRESS		
CITY-ST-ZIP	BOYTON BCH, FL 00000	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	HANCOCK, RICHARD	22 NAME	Hancock, Richard A.	
STREET ADDRESS	3810 SANDPIPER DR., #12	23 STREET ADDRESS	2627 Crabapple Circle	
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	Boynton Beach, Fl. 33436	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	HANCOCK, GERTRUDE	32 NAME		
STREET ADDRESS	10867 QUAIL COVEY RD	33 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH, FL 00000	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Richard A. Hancock Richard A. Hancock 4/24/95 407-736-1228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430624 FP