

FILED  
Feb 02 1998 8:00am  
Secretary of State

**DOCUMENT # H25347 (6)**  
**1. Corporation Name**  
**CADY'S GROVES, INC.**

| Principal Place of Business        | Mailing Address                    |
|------------------------------------|------------------------------------|
| 4975 CLARK RD<br>SARASOTA FL 34233 | 4975 CLARK RD<br>SARASOTA FL 34233 |

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>2. Principal Place of Business</b> | <b>2a. Mailing Address</b> |
|---------------------------------------|----------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| Zip | Country | Zip | Country |
|-----|---------|-----|---------|
|-----|---------|-----|---------|

9. Name and Address of Current Registered Agent

CANFIELD, JOHN P.  
4301 CAROLANN RD #22  
SARASOTA FL 34233

3. Date Incorporated or Qualified10/04/1984

|                                    |                |
|------------------------------------|----------------|
| 4. FEI Number<br><b>59-2458618</b> | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

|                 |                      |                        |                                 |
|-----------------|----------------------|------------------------|---------------------------------|
| 12.             |                      | OFFICERS AND DIRECTORS | <input type="checkbox"/> DELETE |
| TITLE           | DP                   |                        |                                 |
| NAME            | CANFIELD, JOHN P.    |                        |                                 |
| STREET ADDRESS  | 4301 CAROLANN RD #22 |                        |                                 |
| CITY - ST - ZIP | SARASOTA FL          |                        |                                 |

|                 |                      |                                 |
|-----------------|----------------------|---------------------------------|
| TITLE           | VT                   | <input type="checkbox"/> DELETE |
| NAME            | CANFIELD, JOHN R     |                                 |
| STREET ADDRESS  | 2284 ROSELAWN CIRCLE |                                 |
| CITY - ST - ZIP | SARASOTA FL          |                                 |

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |
|---|---------------------------------|-----------------------------------|
| 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

|                     |  |
|---------------------|--|
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |

|                     |                                 |                                   |
|---------------------|---------------------------------|-----------------------------------|
| 2.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME            |                                 |                                   |
| 2.3 STREET ADDRESS  |                                 |                                   |
| 2.4 CITY - ST - ZIP |                                 |                                   |

|                     |                                 |                                   |
|---------------------|---------------------------------|-----------------------------------|
| 3.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME            |                                 |                                   |
| 3.3 STREET ADDRESS  |                                 |                                   |
| 3.4 CITY - ST - ZIP |                                 |                                   |

|                     |                                 |                                   |
|---------------------|---------------------------------|-----------------------------------|
| 4.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME            |                                 |                                   |
| 4.3 STREET ADDRESS  |                                 |                                   |
| 4.4 CITY - ST - ZIP |                                 |                                   |

|                     |                                 |                                   |
|---------------------|---------------------------------|-----------------------------------|
| 5.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME            |                                 |                                   |
| 5.3 STREET ADDRESS  |                                 |                                   |
| 5.4 CITY - ST - ZIP |                                 |                                   |

|                     |                                 |                                   |
|---------------------|---------------------------------|-----------------------------------|
| 6.1 TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME            |                                 |                                   |
| 6.3 STREET ADDRESS  |                                 |                                   |
| 6.4 CITY - ST - ZIP |                                 |                                   |

14. I 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.**

CP2E034 (10/97)