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 MAY -1 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H82207** **(2)**

1. Corporation Name
CAXAMBAS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
945 CAXAMBAS DR MARCO ISLAND FL 33997 US	945 CAXAMBAS DR MARCO ISLAND FL 33997 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/23/1985**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **NOT APPLICABLE** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PARKER, GEORGE
945 CAXAMBAS DR
MARCO ISLAND FL 33937

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 _____ (NOTE: Registered Agent signature required when changing) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	THERMANSEN, MARTHA	12 NAME	
STREET ADDRESS	5320 N. LAKE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI	14 CITY-ST-ZIP	
TITLE	CP	21 TITLE	☐ Change ☐ Addition
NAME	PARKER, GEORGE	22 NAME	
STREET ADDRESS	945 CAXAMBAS DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	MARCO FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	PARKER, GEORGE III	32 NAME	
STREET ADDRESS	2833 RIVER ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	34 CITY-ST-ZIP	
TITLE	EVP	41 TITLE	☒ Change ☐ Addition
NAME	SAEVRE, PHYLLIS	42 NAME	EVP - Saevre, Phyllis is deceased -- Please delete her name from the list of Officers/Directors
STREET ADDRESS	41 S MARTIN RD	43 STREET ADDRESS	
CITY-ST-ZIP	JANESVILLE WI	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	CUMPIANO, ELIZABETH	52 NAME	
STREET ADDRESS	107 CALLE TRES HERMANOS	53 STREET ADDRESS	
CITY-ST-ZIP	CONDADO PR	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, PATRICIA	62 NAME	
STREET ADDRESS	175 HARBOR DR	63 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION KEY FL	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: Marla Andersen Marla Andersen 4/28/95 813/394-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CF

H82207

Please add the following to the list of Officers and Directors of Caxambas Associates, Inc.:

TITLE: S

NAME: ANDERSEN, MARLA

STREET ADDRESS: 4201 N. CNTY. RD. M

CITY-ST-ZIP: EVANSVILLE, WI 53536