

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J24817 (5)**
1. Corporation Name
CARACOLE, INC.



Principal Place of Business: **6510 NORTHWEST NINTH BOULEVARD GAINESVILLE FL 32605**
Mailing Address: **6510 NORTHWEST NINTH BOULEVARD GAINESVILLE FL 32605**

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

3. Date Incorporated or Qualified: **07/21/1986**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **59-2710536**
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
9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent

**CAUTHEN, JOSEPH C.
6510 NORTHWEST NINTH BOULEVARD
GAINESVILLE FL 32605**

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 607.06(2) and 607.19(5), Florida Statutes, this corporation hereby certifies the 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. The city and the appointment as registered agent. I am familiar with, and accept the filing of, Section 607.06(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	CAUTHEN, JOSEPH C.	
STREET ADDRESS	6510 NW 9TH BOULEVARD	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAUTHEN, JOSEPH C.	
STREET ADDRESS	6510 NW 9TH BOULEVARD	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. STREET ADDRESS	
7. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and is true and accurate in all respects. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that I, as a signatory, shall have the same legal effect as if made under oath. I am an officer or director of the corporation or its predecessor or predecessor-in-interest as named in Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attached exhibit with an asterisk.

SIGNATURE: *Joseph C. Cauthen*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH C. CAUTHEN

3/30/96 3523310811

CR2E034 (12/95)