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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT** #

J28333

(9)

1. Corporation Name CASCADE REFERRAL SERVICES, INC.

CASCAE	DE REFERRAL SERVICES	, INU.						
Principal Place of Business REYNOLDS, WILLIAM G 2439 BEE RIDGE ROAD SARASOTA FL 34239-6304 US		Mailing Address REYNOLDS, WILLIAM G 2439 BEE RIDGE ROAD SARASOTA FL 34239 US						
				3. Date Incorporated or Qualified 08/11/1986		f Last Report 15/1995		
2. Principal Plac	a of Business	2a. Mailing Address	_,		4. FEI Number		Applied For	
21		26		59-2837094 Not Applicable \$8.75 Additional		e		
Suite, Apt. #, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired		Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23 Zip	Country	Zip	Country		8. This corporation has liability for Florida Statutes Yes		under s 199.032,	
24	25	29	30		10. Name and Address of New F		gent	
	9. Name and Address of Curre	ent negistered Agent	81	Name				1
DEVNOL	DO WILLIAM G		82	Stroot Ado	dress (P.O. Box Number is Not Acceptal	ole)		
REYNOLDS, WILLIAM G 2439 BEE RIDGE ROAD			02	Street Add	7035 (1-1-1-1			
	TA FL 34239		83					ļ
Ora Unio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84	City		FL	85 Zip Code	
					oration submits this statement for the pu and of directors. I hereby accept the app	whose of ober	naina its registered of	fice
or registere familiar with	ad agent, or both, in the state of rich, and accept the obligations of, Se	action 607.0505, Florida Statutes கொளர்கள் அள்ளத்தி) It. Ragistered Age		oration submits this statement for the poard of directors. I hereby accept the appropriate over renstands. ADDITIONS/CHANGES TO OF	DATE		
12.		ND DIRECTORS	13.		DPS	7	¶Change ☐ Addition	n.
TITLE	DPS	DELETE	1 1 T-1LE	1	DEVINED (WILLIAM	6 . /		
NAME	REYNOLDS, WILLIAM G.		1.2 NAME	t address	4757 DLP STONE RE	>,		
STREET ADDRESS	728-41ST ST		1.3 STREE	7,6,7	SARASOTA, FL 34	233		
CITY-ST-ZIP	SARASOTA FL	TT DELETE	2 1 TiTLE				Change Addition	วก
TITLE	GILLILAND, RICHARD K.	Land	2.2 NAME	i .				
NAME DESCRIPTIONS	2158 SYLVAN LEA DR		1	T ADORESS				
STREET ADDRESS	SARASOTA FL		2 4 CITY -	1				
CITY-ST-ZIP	21801041111	DELETE	3 1 TI*LE				Change Additi	ÐΠ
NAME			3.2 NAME					
STREET ADDRESS			3.3 STRE	FT ADDRESS				
CITY-ST-ZIP			3.4 C/TY			· - · · · · · Γ	Change Additi	
TITLE		DELETE	4 1 1111			L	Ghange Koon	
NAME			4.2 NAM					
STREET ADDRESS				EL ADDRESS				
CITY - ST - ZIP		The first	4.4 Crity 5 1 UTu				Change Addit	on
TITLE		☐ DELETÉ	5 2 NAM			•		
NAME			3 / NAM	-				

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)(k). 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY - ST-ZIP

5.4 CITY - \$1 - 7/P

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

TITLE

NAME

ED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/10/26

Change

Addition