FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # J73664

(1)

ACACIA INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 4527	P.O. BOX 4527
Tampa FL 33677-4527	TAMPA FL 33677-4527
US	US

FILED Apr 28 1997 8:00am Secretary of State



P.O. BOX 4527 TAMPA FL 33677-4527 US		P.O. BOX 4527 Tampa FL 33677-4527 US	TAMPA FL 33677-4527		Date Incorporated or Qualified	3a. Date of L	ast Report	
					05/20/1987	04/02/199		
2. Principal Place of Business 2a. Mailing Address							Applied For	
21		26					Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	27		5. Certificate of Status Desired	See Required		
City & Stat		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees		
Zip	Country	Z(p	Country	1	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No			
BON		ent Registereo Agent	81	Name	10. Name and Address of New Reg	istered Agent		
	ISEY, JOSEPH				<u>:</u>			
8100 BRYAN DAIRY ROAD LARGO FL -04847 33777			82 83	Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
			03					
			84				Zıp Code	
i office of r	to the provisions of Sections 607.05 registered agent, or both, in the Sta im familiar with, and accept the obt	te of Florida. Such chance was at	ulhorized h	/ the corporat	poration submits this statement for the pution's board of directors. I hereby accept	irpose of chang the appointmer	ing its registered it as registered	
SIGNATURE								
12,	Signature, typed or printed name of registered a	sgent and fille if applicable (NOTE: ND DIRECTORS		nt signature requi	red when reinstating)	DATE		
TITLE	DV OFFICERS A	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC		
NAME	RIGGS, CHARLES		1.2 NAME			LJ Olla	inge E Addition	
STREET ADDRESS	2226 N. RIDGEWOOD AVE.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY- S					
TITLE	DTS	DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Cna	nge 🔲 Addition	
NAME	BONSEY, JOSEPH	OSEPH		22 NAME				
STREET ADDRESS	8100 BRYAN DAIRY RD.		23 STREET	ADDRESS				
CITY-ST-ZIP	LARGO FL		2 4 CITY-	S1 - ZIP				
TITLE	DP DOMOTIV + OLINO	☐ DELETE	3.1 TITLE			Cha	nge 🔲 Addition	
NAME	BONSEY, LOUIS J.		3.2 NAME					
STREET ADDRESS	8100 BRYAN DAIRY RD. LARGO FL		3.5 STREET					
CITY-ST-ZIP TITLE	LANOV FL	3.4. CITY DELETE 4.1 TITLE		ST-7IP		Cha	nge Addition	
NAME		☐ ptrr.t¢	4.1 HILE 4. 2 NAME			∟ ∩ıs	iiĝe 🗀 Whairing	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	• • •				
TITLE		DELETE	5.1 1016	. 20		☐ Cha	nge Addition	
NAME			5.2 NAME	1		_		
STREET ADDRESS			5.3 STREET	ADDRESS			Ì	
CITY-ST-ZIP		V###	5.4 CITY - S	1 - 21F				
TITLE		DELETE	6.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME			6 2 NAME				1	
STREET ADDRESS			63 STREET	ADDRESS			į	
CITY-ST-ZIP			64 CHY-S	I - ZIP			į	

14. I do 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 eath; 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.