FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K77165** **(4)**

1. Corporation Name

CADD DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
C/O WILLIAM S. WILKINS ~~1718 SOUTH ORANGE AVENUE~~ ~~ORLANDO FL 32806~~ changed	C/O WILLIAM S. WILKINS ~~1718 SOUTH ORANGE AVENUE~~ ~~ORLANDO FL 32806~~ changed

2. Principal Place of Business	2a. Mailing Address
21 1801 West Colonial Dr	26 1801 West Colonial Dr
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Orlando FL	28 Orlando FL
24 32804 25 Country	29 32804 30 Country

3. Date Incorporated or Qualified: **04/03/1989**

3a. Date of Last Report: **02/21/1995**

4. FEI Number: **59-2936957** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WILKINS, WILLIAM S.
1718 SOUTH ORANGE AVENUE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: same

82 Street Address (P.O. Box Number is Not Acceptable): 1801 West Colonial Dr

83

84 City: Orlando FL 85 Zip Code: 32804

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: _____ (Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	same	☑ Change ☐ Addition
NAME	WILKINS, WILLIAM R.		1.2 NAME	same	
STREET ADDRESS	1343 NORTH A1A C-3		1.3 STREET ADDRESS	409 Coach Rd	
CITY-ST-ZIP	SATELLITE BEACH FL		1.4 CITY-ST-ZIP	Satellite Bch, FL 32937	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILKINS, TOM J.		2.2 NAME		
STREET ADDRESS	1154 OAKGATE CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILKINS, WILLIAM S.		3.2 NAME		
STREET ADDRESS	525 CLAYTON STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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.

SIGNATURE: W.S. Wilkins 1/18/96 407 648 9148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #