

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90059 033 ***150.00

DOCUMENT # L91460

1. Corporation Name
CAC ENTERPRISES, INC.

Principal Place of Business
POST OFFICE BOX 1629
GOLDENROD FL 32733

Mailing Address
POST OFFICE BOX 1629
GOLDENROD FL 32733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1990

4. FEI Number

59-3020380

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BROOKS, MICHAEL L.
437 EAST MONROE STREET
SUITE 202
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name RICHARD B. OWEN

82 Street Address (P.O. Box Number is Not Acceptable)
5250 S. U.S. HWY 17-92

83

84 City CASSELBERRY FL 85 Zip Code 32707

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

RICHARD B. OWEN

01/07/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CLARKE, SCOTT D.
STREET ADDRESS 6956 ALOMA AVE.
CITY-ST-ZIP WINTER PARK FL

TITLE ST ☒ DELETE
NAME CLARKE, SCOTT D.
STREET ADDRESS 6956 ALOMA AVE.
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 32792

2.1 TITLE VP/S/D
2.2 NAME CAROLYN A. CLARKE
2.3 STREET ADDRESS 6956 ALOMA AVE
2.4 CITY-ST-ZIP WINTER PARK, FL 32792

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT D. CLARKE

01/07/99 (407) 679-8880

Date

Daytime Phone #

CR2E034 (11/98)

0085709