

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P20939** (5)
1. Corporation Name
CAGLEY & ASSOCIATES, INC.

Principal Place of Business 6141 EXECUTIVE BLVD. ROCKVILLE MD 20852	Mailing Address 6141 EXECUTIVE BLVD. ROCKVILLE MD 20852
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/16/1988	
24		25		4. FEI Number 52-1432994	
29		30		Applied For Not Applicable	
5. Certificate of Status Desired ☐		6. Election Campaign Financing Trust Fund Contribution ☐		\$8.75 Additional Fee Required	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		\$5.00 May Be Added to Fees	

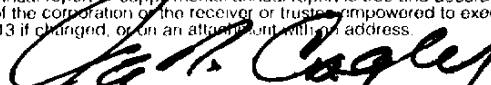
9. Name and Address of Current Registered Agent SCHMITT, RONALD 425 ROSSETTI CIRCLE NORTH NOKOMIS FL 34275		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
--	--	--	--

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CAGLEY, JAMES R.	1.2 NAME	
STREET ADDRESS	11312 HUNTOVER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAGLEY, SHARON K.R.	2.2 NAME	
STREET ADDRESS	11312 HUNTOVER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLBERT, DAVID H.	3.2 NAME	
STREET ADDRESS	18312 BATCHELLOR'S FOREST RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLNEY MD	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	APPLE, RICHARD	4.2 NAME	
STREET ADDRESS	12245 CARROLL MILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELLICOTT CITY MD	4.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ORSAK, DEBRETHANN R C	5.2 NAME	
STREET ADDRESS	10020 CLUE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	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	

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 attached sheet with an address.

SIGNATURE:  9/30/98 (301) 881-9050

CR2E034 (10/97)