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
Apr 01, 1999 8:00 am
Secretary of State
04-01-1999 90107 030 ***150.00

DOCUMENT # P20939

1. Corporation Name
CAGLEY & ASSOCIATES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/16/1988

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

4. FEI Number: 52-1432994 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	16312 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	11138 Stephalee Lane	
CITY-ST-ZIP	BETHESDA MD		5.4 CITY-ST-ZIP	North Bethesda, MD 20852	
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 attachment with an address, with all other like empowered.

SIGNATURE: Gary R. Cagley CONTINUED 3/29/99 (301) 881-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)