

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PH 6:20

DOCUMENT # P93000004095 (4)

1. Corporation Name

CATES AND BROOME CORPORATION

Principal Place of Business

Mailing Address

**P O BOX 1309
MONROE NC 28111**

**P O BOX 1309
MONROE NC 28111**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/15/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

56-1807682

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

CATES, ARTHUR K

STREET ADDRESS

8514 KILEY CT

CITY - ST - ZIP

ST AUGUSTINE FL 32092

TITLE

D

NAME

BROOME, TOMMY L

STREET ADDRESS

PO BOX 1309

CITY - ST - ZIP

MONROE NC 28111

TITLE

P

NAME

ROGERS LARRY

STREET ADDRESS

2029 NW 65TH PLACE

CITY - ST - ZIP

GAINESVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1-1 TITLE

1-2 NAME

1-3 STREET ADDRESS

1-4 CITY - ST - ZIP

2-1 TITLE

2-2 NAME

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6-1 TITLE

6-2 NAME

6-3 STREET ADDRESS

6-4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF WITTING OFFICER OR DIRECTOR

3-28-95

704-223-9492

Date

Telephone #