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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000041794 (7)**

1. Corporation Name

E. T. CAUDELL & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2469 TRADEWINDS DR. SUITE B DUNEDIN FL 34698 US	P.O. BOX 2125 SUITE B PALM HARBOR FL 34683 US

3. Date Incorporated or Qualified: 06/08/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 2321 PIN OAK LN. E.
22: Suite, Apt. #, etc.
23: City & State: CLEARWATER, FL
24: Zip: 34619
25: Country: PINELLAS

2a. Mailing Address
26: 2321 PIN OAK LANE E.
27: Suite, Apt. #, etc.
28: City & State: CLEARWATER, FL.
29: Zip: 34619
30: Country: PINELLAS

4. FEI Number: 59-3185999 ☐ 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

CAUDELL, EUGENE T.
3302 ALT 19 N
2469 TRADE WINDS DR.
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: CAUDELL, EUGENE T
82 Street Address (P.O. Box Number is Not Acceptable): 2321 PIN OAK LANE E.
83
84 City: CLEARWATER FL 85 Zip Code: 34619

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: Eugene T. Caudell 6/9/96
Signature, Typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPST	☐ DELETE	1.1 TITLE	P.V.P.T	☒ Change ☐ Addition
NAME	CAUDELL, EUGENE T.		1.2 NAME	EUGENE T. CAUDELL	
STREET ADDRESS	2469 TRADE WINDS DR.		1.3 STREET ADDRESS	2321 PIN OAK LANE E.	
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	CLEARWATER, FL 34619	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAUDELL, EUGENE T.		2.2 NAME		
STREET ADDRESS	2469 TRADE WINDS DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	WIKLE, PAUL J.		3.2 NAME	VICTORIA M. CAUDELL	
STREET ADDRESS	513 MAYO ST.		3.3 STREET ADDRESS	2321 PIN OAK LANE E.	
CITY-ST-ZIP	CRYSTAL BCH FL		3.4 CITY-ST-ZIP	CLEARWATER, FL 34619	
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	900001869559	
STREET ADDRESS			5.3 STREET ADDRESS	-06/20/96--01044--023	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***233.75	
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		

5-1-96 JR

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)(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.

SIGNATURE: Eugene T. Caudell (EUGENE T. CAUDELL) 4-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(813) 736-0538
Daytime Phone #