

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 31 PM 12:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000051869 (4)

1. Corporation Name
JOHN CAULEY INC.

| | |
|-----------------------------|-----------------|
| Principal Place of Business | Mailing Address |
| [Redacted] | [Redacted] |

DO NOT WRITE IN THIS SPACE

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

| | |
|--|--|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 07/21/1993 | 06/01/1994 |
| 4. FEI Number | Applied for |
| 02-9918361 | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

CAULEY, JOHN
 [Redacted Address]

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| B1 Name | |
| B2 Street Address (P.O. Box Number is Not Acceptable) | |
| B3 | |
| B4 City | FL B5 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 607.0105, Florida Statutes.

SIGNATURE: *John Cauley* 7-13-95
(Signature) (Name of registered agent and the corporation) (Date)

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D |
| NAME | CAULEY, JOHN |
| STREET ADDRESS | [Redacted] |
| CITY ST ZIP | [Redacted] |
| TITLE | |
| NAME | CAULEY, RUTH ANN |
| STREET ADDRESS | [Redacted] |
| CITY ST ZIP | [Redacted] |
| TITLE | |
| NAME | V.P. |
| STREET ADDRESS | Bernard Cauley 1815 Edgewild Dr. Lima, OH 45805 |
| CITY ST ZIP | |
| TITLE | |
| NAME | V.P. |
| STREET ADDRESS | John Stone 1815 Edgewild Dr. Lima, Ohio 45805 |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY ST ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY ST ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY ST ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY ST ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY ST ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY ST ZIP | |

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)(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 the corporation or the treasurer 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 as an attachment with my address.

SIGNATURE: *John Cauley* 7-13-95 941-597-1530
(Signature) (Name of officer or director) (Date) (Phone Number)
 John CAULEY

CR2E034 (3/95)