

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000051869 (4)**

1. Corporation Name
JOHN CAULEY INC.



Principal Place of Business: **14848 OLD US 41 UNIT 1 NAPLES FL 33963 US**
Mailing Address: **14848 OLD US 41 UNIT 1 NAPLES FL 33963 US**

2. Principal Place of Business (21-23) and Mailing Address (2a-29) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Quoted: **07/21/1993**
3a. Date of Last Report: **07/31/1995**
4. FET Number: **02-9918361**
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: **CAULEY, JOHN 14848 OLD US 41 UNIT 1 NAPLES FL 33963**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0602 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, sections 607.0602, Florida Statutes.

SIGNATURE: *John Cauley* (Typed name: John Cauley, Date: 3-15-96)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: CAULEY, JOHN	TITLE:	NAME:
STREET ADDRESS: 14848 OLD US 1 UNIT 1	CITY-STATE-ZIP: CAPE CORAL FL	13 STREET ADDRESS:	14 CITY-STATE-ZIP:
TITLE: D	NAME: CAULEY, RUTH ANN	TITLE:	NAME:
STREET ADDRESS: 14848 OLD US 1 UNIT 1	CITY-STATE-ZIP: NAPLES FL	23 STREET ADDRESS:	24 CITY-STATE-ZIP:
TITLE: VP	NAME: CAULEY, BERNARD	TITLE:	NAME:
STREET ADDRESS: 1815 IDLEWILD DR	CITY-STATE-ZIP: LIMA OH	33 STREET ADDRESS:	34 CITY-STATE-ZIP:
TITLE: VP	NAME: SILONE, JOHN	TITLE:	NAME:
STREET ADDRESS: 1815 IDLEWILD DR	CITY-STATE-ZIP: LIMA OH	43 STREET ADDRESS:	44 CITY-STATE-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	53 STREET ADDRESS:	54 CITY-STATE-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	63 STREET ADDRESS:	64 CITY-STATE-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 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: *John Cauley* (Typed name: John Cauley, Date: 3-15-96, Date Filed: 991 599-1530)

CR2E034 (12/95)