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

APPROVED AND FILED

95 JUL 21 AM 10:16

TALLAHASSEE, FLORIDA

DOCUMENT # **P93000056596 (8)**

1. Corporate Name

CADE & ASSOCIATES ADVERTISING, INC.

Principal Place of Business	Mailing Address
220 JOHN KNOX ROAD SUITE 5A TALLAHASSEE FL 32303	~~220 JOHN KNOX ROAD~~ NEW ADDRESS ~~SUITE 5A~~ ~~TALLAHASSEE FL 32303~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/09/1993**
3a. Date of Last Report: **07/11/1994**

2. Principal Place of Business
21: **1350 N. GADSDEN ST.**
22: Suite, Apt. #, etc.
23: City & State: **TALLAHASSEE, FLORIDA**
24: Zip: **32303**
25: Country: **U.S.A.**

2a. Mailing Address
26: **SAME**
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **59-3192193** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WATKINS, STEVE M III
155 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32302

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: (Registered Agent signature required) (Date)

12. OFFICERS AND DIRECTORS		13.	
1 Title	P	1 Title	☑ Change ☐ Addition
2 Name	SHAPLEY, RICHARD P.	2 Name	
3 Street Address	1114 BROWNING DR.	3 Street Address	478 FRANK NELSON RD.
4 City, St, Zip	TALLAHASSEE FL	4 City, St, Zip	
1 Title	VS	1 Title	☐ Change ☐ Addition
2 Name	FRANDSEN, LAURA M.	2 Name	
3 Street Address	6488 BOLD VENTURE TRAIL	3 Street Address	100001545181
4 City, St, Zip	TALLAHASSEE FL	4 City, St, Zip	-07/25/95--01057--009 ****225.00 ****225.00
1 Title	VT	1 Title	☐ Change ☐ Addition
2 Name	CADE, JOHN P.	2 Name	
3 Street Address	3649 LETITIA LANE	3 Street Address	
4 City, St, Zip	TALLAHASSEE FL	4 City, St, Zip	
1 Title		1 Title	☐ Change ☐ Addition
2 Name		2 Name	
3 Street Address		3 Street Address	
4 City, St, Zip		4 City, St, Zip	
1 Title		1 Title	☐ Change ☐ Addition
2 Name		2 Name	
3 Street Address		3 Street Address	
4 City, St, Zip		4 City, St, Zip	
1 Title		1 Title	☐ Change ☐ Addition
2 Name		2 Name	
3 Street Address		3 Street Address	
4 City, St, Zip		4 City, St, Zip	

CR2E034 (3/95)

14. I/We hereby certify that the information supplied with this filing is true, and that 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: R.P. SHAPLEY, PRESIDENT 7/12/95 (904)-681-9541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0004965 CP