FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000062753 (7)

THE CACTUS CORPORATION

118 KENDALE DRIVE 118 KENDALE DRIVE SAFETY HARBOR FL 34695-4714 SAFETY HARBOR FL 34695 3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/1993 04/11/1996 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3207609 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 **Trust Fund Contribution** Added to Fees 23 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 🗌 Yes 🔼 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARDNER, JOHN C 311 SOUTH MISSOURI AVENUE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** 83 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, 4 am farmiliar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed rume of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TiTLE **BLUHM, GREGORY J** 1.2 NAME NAME 118 KENDALE DRIVE 1.3 STREET ADORESS STREET ADDRESS SAFETY HARBOR FL 34695 1.4 CITY-ST-ZIP CITY - ST - ZIF Change Addition DELETE 2.1 TITLE THLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST- 7(P Change Addition DELETE 3.1 TITLE TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE

CITY-SI-ZID

STREET ADDRESS

Table

NAME

14. I do hereby certify that the information supplied with 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 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 orchanged, or on an attachment with an address.

DELETE

1(813)726-6300

FILED

Apr 09 1997 8:00am

Secretary of State

Change

Addition