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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90038 034 \*\*\*150.00

## DOCUMENT # P93000062753

THE CACTUS CORPORATION

Principal Place	of Business	Mailing Address			i i i i i i i i i i i i i i i i i i i
118 KENDALE D	DRIVE	118 KENDALE DRIVE			
SAFETY HARBOR FL 34695		SAFETY HARBOR FL 34695			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
i					09/01/1993
2 Principal O	ace of Business .	2a. Mailing Address			4. FEI Number Applied For
21	ace of Business	26			59-3207609 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			S8.75 Additional
22	,, , ,,,	27			5. Certificate of Status Desired Fee Required
City & State	<u> </u>	City & State			6. Election Campaign Financing 55.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip Count		,	8. This corporation owes the current year Intangible
24	25	29 30	30		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	ne
	DNER, JOHN C		82 Street Ac		et Address (P.O. Box Number is Not Acceptable)
311	South Missouri Avenue	02   30		Succ	et Address (F.O. Dax Halliber is Not Acceptable)
CLEA	ARWATER FL 34616		83		
			84	City	FL 85 Zip Code
44 Dumumt	to the provisions of Continue 607 0502	and 607 1509 Florida Statutes 1	he abov	p-name	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE					
12,	OFFICERS AND		13.	n organization	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		1.1 TITLE		Change Addition
NAME	BLUHM, GREGORY J	1	1.2 NAME		
STREET ADDRESS	118 KENDALE DRIVE	•		TADDRES	SS
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CiTY-S		
TITLE	<u> </u>	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		and the second s	2.2 NAME		
STREET ADDRESS				T ADDRESS	222
1			2.4 CITY-5		
CITY-ST-ZIP.	<u> </u>		3.1 TITLE	31-71r	☐ Change ☐ Addition
NAME			3.2 NAME		(
l 1		1		T ADDRES:	285
STREET ADDRESS			3.4. CITY-5		)
CITY-ST-ZIP			4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
	•			T ADDRES	200
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5 5.1 TITLE	1-211	Change Addition
TITLE			5.2 NAME		
NAME		•		T ADDRES	225
STREET ADDRESS			5.4 CITY-S		
CITY-ST-ZIP			6.1 TITLE	11-211-	Change Addition
TITLE			6.2 NAME		i Cutande Municipality
NAME	,			T 40000	
STREET ADDRESS	Market Service			T ADDRES	
CITY-ST-7IP			6.4 CITY- S	T-ZIP	i l

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(727) 726-6300