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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000063575

1. Corporation Name

CASON CONSTRUCTION SERVICES INC

Principal Place of Business 600 FALCON AVE MIAMI SPRINGS FL 33166	Mailing Address 600 FALCON AVE MIAMI SPRINGS FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country	3. Date Incorporated or Qualified 9/7/93	3a. Date of Last Report 1994	4. FET Number 65-0436541	Applied For Not Applicable
24	25	29	30	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees
24				25	
29				30	
24				25	
29				30	

9. Name and Address of Current Registered Agent CASON BRADLEY E 600 FALCON AVE MIAMI SPRINGS FL 33166	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 filing this report)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY ST ZIP P BRAD CASON 600 FALCON AVE MIAMI SPRINGS FL 33166	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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(2)(b), 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 upon attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRAD CASON President

X 4-27-95 305-684182

DATE