

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATE AFFAIRS

**APPROVED
AND
FILED**

DOCUMENT # P93000080874 (9)

For Corporation Name

THE CAYMAN CARAVAN, INC.

**RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**6067 E. HIGHWAY 98
PANAMA CITY FL 32404**

**P.O. BOX 10326
PANAMA CITY FL 32404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation of Corporation

3a. Date of Last Report

11/18/1993

03/17/1994

4. FIC Number

Applied For
Not Applicable

65-1550182

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 ability to integrate tax under the
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POPADEN, KIMBERLY
6067 E. HIGHWAY 98
PANAMA CITY FL 32404**

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 607.05(1) and 607.11(4)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office
or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am
aware with and accept the obligations of Section 607.05(1)(b), Florida Statutes.

SIGNATURE

Kimberly L. Popaden

1 May 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If)

12.1 NAME STREET ADDRESS CITY, STATE, ZIP	PD RUSSO, JAMES F. 6067 E. HIGHWAY 98 PANAMA CITY FL
12.2 NAME STREET ADDRESS CITY, STATE, ZIP	V BERTORELLI, PAUL 181 HANOVER RD. NEWTOWN CT
12.3 NAME STREET ADDRESS CITY, STATE, ZIP	S POPADEN, KIMBERLY 6067 E. HIGHWAY 98 PANAMA CITY FL
12.4 NAME STREET ADDRESS CITY, STATE, ZIP	T OAKLEY, VALERIE 181 HANOVER RD. NEWTOWN CT
12.5 NAME STREET ADDRESS CITY, STATE, ZIP	
12.6 NAME STREET ADDRESS CITY, STATE, ZIP	
12.7 NAME STREET ADDRESS CITY, STATE, ZIP	

13.1 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
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13.6 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition
13.7 NAME STREET ADDRESS CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.05(1)(b), Florida Statutes. I further
certify that the information is indicated on the 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 receive this report as required by Chapter 607, Florida Statutes, and that my name
appears in Block 12 or Block 13 of the report or on the official record with an address.

SIGNATURE:

Kimberly L. Popaden

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1 May 1995 901-874-2784