

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda B. Mathis  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # P94000018018 (9)

MAY - 1 11 8:47

C.A.T. ENTERPRISES OF SARASOTA, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 4030 COUNTRY VIEW DRIVE SARASOTA FL 34233  
Mailing Address: 4030 COUNTRY VIEW DRIVE SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 948 BEACH ROAD		26		03/08/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
23 SARASOTA, FL.		28		65-0473166	
24 34242		25 U.S.		29	30
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
31		32		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
33		34		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KING, CLIFFORD M 1800 SECOND STREET SUITE 730 SARASOTA FL 34236				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT, TREASURER	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHARLES A. TURNER JR.	1. NAME			
STREET ADDRESS	4030 COUNTRYVIEW DRIVE	1. STREET ADDRESS			
CITY, ST, ZIP	SARASOTA, FL. 34233	1. CITY, ST, ZIP			
TITLE	VICE-PRES. - SECRETARY	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARIAN L. TURNER	2. NAME			
STREET ADDRESS	4030 COUNTRYVIEW DRIVE	2. STREET ADDRESS			
CITY, ST, ZIP	SARASOTA, FL. 34233	2. CITY, ST, ZIP			
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3. NAME			
STREET ADDRESS		3. STREET ADDRESS			
CITY, ST, ZIP		3. CITY, ST, ZIP			
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4. NAME			
STREET ADDRESS		4. STREET ADDRESS			
CITY, ST, ZIP		4. CITY, ST, ZIP			
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5. NAME			
STREET ADDRESS		5. STREET ADDRESS			
CITY, ST, ZIP		5. CITY, ST, ZIP			
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6. NAME			
STREET ADDRESS		6. STREET ADDRESS			
CITY, ST, ZIP		6. CITY, ST, ZIP			

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 190.0306, Florida Statutes. I further certify that the information included 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 in the State of Florida. I am a resident of the State of Florida and my name appears in Block 12 or Block 13 of this report. I am an officer or director of the corporation and my name appears in Block 12 of this report as required by Chapter 190, Florida Statutes, and that my name

SIGNATURE: *Charles A. Turner Jr.* CHARLES A. TURNER JR. 4/25/95 (813) 349-1713  
SIGNATORIAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR