

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinaga
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:33

DOCUMENT # P94000048082 (9)

1. Corporation Name

CABANISS BROS. & CO.

Principal Place of Business

3712 HEATHER WAY
SOMERSET KY 42501

Mailing Address

3712 HEATHER WAY
SOMERSET KY 42501

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 3a. Date of Last Report

06/24/1994

4. CEI Number Applied For
61-1264157 Not Applicable

5. Certificate of Status Due Date ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

2. Director or Officers of Registered

2a. Mailing Address

21 State App # 22

26 State App # 27

23 City & State

28 City & State

24 Zip County

29 Zip County

9. Name and Address of Current Registered Agent

BREWSTER, BEVERLY
1117 WISTERIA DRIVE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Applicable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 199.032 and 199.033, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of record, report on year in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am hereby accepting and accept the obligations of this new law under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME: President
NAME: Robert N. Cabaniss
ADDRESS: 3712 Heather Way
CITY: Somerset, Ky 42501
NAME: Vice President
NAME: George Cabaniss, Jr.
ADDRESS: 3355 Lenox Rd., Ste. 750
CITY: Atlanta, GA 30326

1. NAME ☐ Change ☐ Addition
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20. NAME ☐ Change ☐ Addition

REMITTED BY MAY 1

SIGNATURE:

RN [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

606-678-8488