FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000066140 (2)**

1. Corporation Name

CARIDA PROPERTIES, INC.

Principal Place of Business	Mailing Address
817 DOUGLAS AVE SUITE 177 ALTAMONTE SPGS FL 32714 US	P O BOX 140411 SUITE 105 ORLANDO FL 32814 US

2. Principal Place of Business	2a. Mailing Address
21 1420 E. Robinson St.	26 P.O. Box 140411
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ------------
City & State 23 Orlando, FL 32801	City & State 28 Orlando, FL 32814
Zip 24 32801 — Country 25 USA	Zip 29 32814 — Country 30 USA

3. Date Incorporated or Qualified: 09/02/1994
3a. Date of Last Report: 05/10/1995
4. FEI Number: 59-3269986 ☐ Applied For ☐ Not Applicable
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 liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MADDEN, CHARLES M
3670 MAGUIRE BLVD.
SUITE 105
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Scott D. Clark
82 Street Address (P.O. Box Number is Not Acceptable): 369 N. New York Av.
83 Suite 300
84 City: Winter Park, FL 85 Zip Code 32789

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: Scott D. Clark 6/7/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MADDEN, CHARLES M	
STREET ADDRESS	817 DOUGLAS AVE #177	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	☐ DELETE
NAME	ALLEN, DONALD R	
STREET ADDRESS	817 DOUGLAS AVE #177	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	☐ DELETE
NAME	NEILL, ED	
STREET ADDRESS	817 DOUGLAS AVE #177	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	☐ DELETE
NAME	ASTON, CYNTHIA L	
STREET ADDRESS	817 DOUGLAS AVE #177	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/T/S/D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1420 E. Robinson St.	
2.4 CITY-ST-ZIP	Orlando, FL 32801	
3.1 TITLE	P/D	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	2965 Tate Blvd., SE.	
3.4 CITY-ST-ZIP	Hickory, NC 28601	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	1420 E. Robinson St.	
4.4 CITY-ST-ZIP	Orlando, FL 32801	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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5/1/12

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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(3)(k), 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.

SIGNATURE: Donald R. Allen, Jr. 4/29/96 (407) 898-8440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #