SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000090127 (9)

1. Corporation Name
CANADY ENTERPRISES, INC.

Principal Place of Business: ~~236 ORCHARD STREET, #1~~ ~~PORT ORANGE FL 32127~~ 2102 S. Ridgewood Unit 25, Rm #1 Edgewater, FL 32141

Mailing Address: PO BOX 1002 NEW SMYRNA BEACH FL 32170

3. Date Incorporated or Qualified: 12/13/1994
3a. Date of Last Report: 06/07/1995
4. FEI Number: 59-3283364 ☐ 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

2. Principal Place of Business
21 2102 S. Ridgewood Ave
Suite, Apt #, etc.
22 Unit #25, Room #1
City & State
23 Edgewater, Florida
Zip
24 32141
Country
25 U.S.A.

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28 SAME
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

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 607.0502 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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	CANADY, JOHNNIE L	
STREET ADDRESS	236 ORCHARD STREET, UNIT 1	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VP	☐ DELETE
NAME	CANADY, DERWARD	
STREET ADDRESS	210 N DUSS ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	T	☐ DELETE
NAME	BROXTON, LAWRENCE	
STREET ADDRESS	225 COLLEGE PARK DR	
CITY-ST-ZIP	DAYTONA BEAHC FL	
TITLE	S	☐ DELETE
NAME	WILLIAMS, VICKIE	
STREET ADDRESS	1751 CLYDE MORRIS BLVD 703	
CITY-ST-ZIP	DAYTONA BAECH FL	
TITLE	O	☐ DELETE
NAME	WASHINGTON, CLARA	
STREET ADDRESS	210 N DUSS ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J L Canady Johnnie L. Canady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-428-7807
Daytime Phone #