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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090901 (7) 1. Corporation Name

JOHN F. CANTRELL, INCORPORATED Principal Place of Business Mailing Address 1203 CHEETAH TRL 1203 CHEETAH TRL WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708-3733 3a. Date of Last Report 3. Date Incorporated or Qualified 12/15/1994 03/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3280226 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fec Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Zip Country 8. This corporation has liability for intargible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 🗌 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CANTRELL, JOHN F Name 1203 CHEETAH TRL 82 Street Add WINTER SPRINGS FL 32708 83 64 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 Signature, typed or printed name of registered agont and tale if applicable (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, DELETE Change TITLE 1.1 THLE CANTREUL, JOHN F NAME 1.2 NAME 1203 CHEETAH TRL STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP 14 C(IY-SI-7)P ☐ Change TITLE DELETE Addition 21100 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.11016 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 4.1 10116 4. 2 NAM[STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY-ST-Z)P DELETE Change Addition TITLE 51 111LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

01011451155

14. I do hereby certify that the information supplied with information indicated on this annual reput of supplied am an officer or director of the composition or the re-

appears in Block 12 or Block 13

CITY-ST-ZIP

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6.4 CHTY - ST- ZIP

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mual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

1107-101-6116

FILED

Apr 21 1997 8:00am

Secretary of State