

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000091385**

1. Corporation Name

CASSIDY SUPPLY, INC.

Principal Place of Business

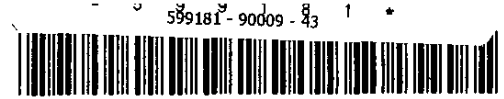
Mailing Address

933 SHOTGUN ROAD
SUNRISE FL 33326

933 SHOTGUN ROAD
SUNRISE FL 33326

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90009 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

4. FEI Number

65-0547490

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 owes the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAIGNEAULT, ROBERT
13161 S.W. 29TH COURT
DAVIE FL 33330

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **DAIGNEAULT, ROBERT**
STREET ADDRESS **13161 S.W. 29TH COURT**
CITY-ST-ZIP **DAVIE FL 33330**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE

NAME **BACON, DEBORAH**
STREET ADDRESS **0380 S.W. 54 STREET**
CITY-ST-ZIP **4338 mahogany ridge dr. COOPER CITY FL 33328 Weston, FL 33331**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

Deborah A. Bacon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/99
Date

(954) 473-4409
Daytime Phone #

CR2E034 (5/99)

599181-90009-43
P94000091385

Cassidy Supply, Inc.
933 Shotgun Road
Sunrise, FL 33326
(954) 473-4409 - Office
(954) 370-9764 - Fax

Date: July 15, 1999

To: Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

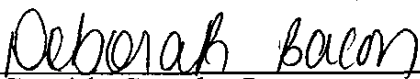
Re: Cassidy Supply, Inc.
Document # - P94000091385

TO WHOM IT MAY CONCERN:

WITH REGARD TO THE ABOVE, THIS IS TO ADVISE THAT WE NEVER RECEIVED THE FIRST NOTICE OF THE ANNUAL REPORT FILING. ACCORDINGLY, WE ARE ENCLOSING A CHECK IN THE AMOUNT OF \$150.00 COVERING THE REQUIRED FEE. WE TRUST WE WILL NOT BE BILLED FOR THE PENALY AMOUNT.

THANK YOU IN ADVANCE FOR YOUR COOPERATION.

VERY TRULY YOURS,



Cassidy Supply, Inc.