**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

APPROVED AND FILED
96 AUG 29 AM 7:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092327 (3)

1. Corporation Name
**CAD RESOURCES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 909 E. CERVANTES ST.<br>SUITE F<br>PENSACOLA FL 32501 | 909 E. CERVANTES ST.<br>SUITE F<br>PENSACOLA FL 32501 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4400 Bayou Blvd | 26 4400 Bayou Blvd |
| 22 Suite, Apt. #, etc. Ste 20 | 27 Suite, Apt. #, etc. Ste 20 |
| 23 City & State Pensacola FL | 28 City & State Pensacola FL |
| 24 Zip 32503 25 Country USA | 29 Zip 32503 30 Country USA |

3. Date Incorporated or Qualified: 01/01/1995
3a. Date of Last Report:
4. FEI Number: 59-3289023 ☐ 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**

MEDLEY, DOUGLAS M
909 E. CERVANTES ST.
SUITE F
PENSACOLA FL 32501

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4400 Bayou Blvd Ste 20
83
84 City: Pensacola FL 85 Zip Code: 32503

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: Douglas M Medley — 8.5.96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when changing) — DATE

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Douglas M. Medley<br>4400 Bayou Blvd Ste 20<br>Pensacola FL 32503 | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |

**13. ADDITIONS/CHANGES TO OFFICERS/DIRECTORS IN 12**

| | | |
|---|---|---|
| 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | President<br>Douglas M. Medley<br>4400 Bayou Blvd Ste 20<br>Pensacola, FL 32503 | ☒ Change ☐ Addition |
| 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | 400001936134<br>-08/30/96--01001--016<br>****225.00 ****225.00 | ☐ Change ☐ Addition |
| 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | DP 8/29 | ☐ Change ☐ Addition |
| 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Douglas M Medley — 8.5.96 — 904-484-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #