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 # **P95000012668 (6)**

1. Corporation Name

CASSELBERRY - SUTTON, INC.

Principal Place of Business
6850 SOUTH DUVAL ISLAND DR
FLORAL CITY FL 34436

Mailing Address
6850 SOUTH DUVAL ISLAND DR
FLORAL CITY FL 34436

3. Date Incorporated or Qualified: **02/13/1995**

3a. Date of Last Report:

2. Principal Place of Business
21 9222 E. Kenosha Ct
Suite, Apt. #, etc
22
City & State
23 Floral City, Fl
Zip: 24 34436 Country: 25 Citrus

2a. Mailing Address
26 P.O. Box 590
Suite, Apt. #, etc
27
City & State
28 Floral City, Fl
Zip: 29 34436-0590 Country: 30 Citrus

4. FEI Number: 59-3303867 — 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

SUTTON, RICHARD
6850 SOUTH DUVAL ISLAND DR
FLORAL CITY FL 34436

10. Name and Address of New Registered Agent

81 Name: Richard J. Sutton
82 Street Address (P.O. Box Number is Not Acceptable): 9222 E. Kenosha Ct
83
84 City: Floral City FL 85 Zip Code: 34436

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) — (If a Registered Agent is a corporation, signature of officer) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CASSELBERRY, MARLENE A	
STREET ADDRESS	P.O. BOX 590 N/A	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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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	D	☐ Change ■ Addition
1.2 NAME	Richard J. Sutton	
1.3 STREET ADDRESS	9222 E. Kenosha Ct	
1.4 CITY-ST-ZIP	Floral City, Fl 34436	
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		

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)(ii), 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: Richard J. Sutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 (Date) 352-637-4924 (Daytime Phone #)

CR2E034 (12/95)