FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000030276 (6)

CANE TECH, INC.

FILED Feb 25 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Mailing Address							
634 E AVENID	DA DEL RIO	634 E AVENIDA	634 E AVENIDA DEL RIO							
CLEWISTON FL		CLEWISTON FL				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified			·-·
							04/13/1995			
9 Principal P	ace of Business	2a, Mailing Add					4. FEI Number		A	oplied For
—	INCO OF BUSINESS	26	1633				65-0588453			ot Applicable
Suite, Apt.	# atc	\ T	Suite, Apt. #, etc.				03 0300433			Additional
—	π, δι ο.	<u>⊢</u>	27				5. Certificate of Status Desired		+	equired
City & State	3		City & State				6. Election Campaign Financing	· · · ·	\$5.00	May Be
23		<u> </u>	28				Trust Fund Contribution			to Fees
Zip				Country a Tr			8. This corporation owes or has p	aid the curre	ent vear in	tangible
24	25	29	30	-			Personal Property Tax due June	_		Ü No
B-41	9. Name and Address of Current Registered Agent			\top	10. Name and Address of New Registered Agent					
HENDRY, JOSEPH II						lame				
606 W SUGARLAND HWY					<u>با</u>	4	ss (P.O. Box Number is Not Accepta	hlo)		
CLEWISTON FL 33440			82 Street Ad			ireei Adore	iss (P.O. Box Number is Not Accepta	ole)		
CLEMISTON PL 33440				83						
					<u> </u>					
				84	0	ity		FL	 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Flori	da Statutes, the	abovi	.l /e-na	amed corpo	pration submits this statement for the	ournose of	hanging i	ts registered
I 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, typod or pented name of registered agent and the if applicable (NO1E: Registered Agen						gnature require	d when reinstating)	DATE		
12.		AND DIRECTORS		3.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	D	D	ELETE 1.	1 TITLE					Change	Addition
NAME	WILSON, WILLIAM B		1.	2 NAME						
STREET ADDRESS	634 E AVENIDA DEL RIO		1.	3 STREET	T ADD	DRESS				
CITY+ST-ZIP	CLEWISTON FL 33440		1.	4 CITY - S	ST-ZI	p				
TITLE		□ D	DELETE 2.1 TIT					-	Change	☐ Addition
NAME			2.	2 NAME						
STREET ADDRESS			2	3 STREET	T AĐO	RESS				
CITY-ST-ZIP			2	4 CITY-	S1-2	ne l	•	•		
TITLE		D		1 TITLE					Change	Addition
NAME			3.	2 NAME						
STREET ADDRESS			3.	3 STREET	T ADD	DRESS				
CITY-ST-ZIP				4. CITY-		- 1				
TITLE		□ D	ELETE 4	1 TITLE					Change	Addition
NAME			4.	2 NAME						
STREET ADDRESS			4.	3 STREET	T ADD	DRESS				
CITY-ST-ZIP			4.	4 CITY-S	ST-ZI	ıP				
TITLE		D		1 TITLE					Change	Addition
NAME				2 NAME						
STREET ADDRESS				.3 STREET		DRESS				
CITY+ST-ZIP				4 CITY-5						
TITLE		D		1 TITLE					Change	Addition
NAME		_		2 NAME						
STREET ADDRESS				3 STREET		DRESS				
				4 City-5						
CITY - ST - ZIP				- VIII C						

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.