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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P95000059738**

1. Corporation Name
CADMOLD, INC.

Principal Place of Business	Mailing Address
6467 PARKLAND DRIVE SARASOTA FL 34243	6467 PARKLAND DRIVE SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 08/02/1995
4. FEI Number: 65-0601681 ☐ Applied For ☐ Not Applicable
5. Certifcate 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRITT, HARRY W
6467 PARKLAND DRIVE
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name: ANDREW BRITT
82 Street Address (P.O. Box Number is Not Acceptable): 6467 PARKLAND DRIVE
83
84 City: SARASOTA FL 85 Zip Code: 34243

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] DATE: 4-13-99.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P + D	☒ Change ☐ Addition
NAME	BRITT, HARRY W		1.2 NAME	BRITT ANDREW	
STREET ADDRESS	6467 PARKLAND DRIVE		1.3 STREET ADDRESS	6467 PARKLAND DRIVE	
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY-ST-ZIP	SARASOTA FL 34243,	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRITT, ANDREW		2.2 NAME		
STREET ADDRESS	6467 PARKLAND DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRITT, MICHAEL		3.2 NAME		
STREET ADDRESS	6467 PARKLAND DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRITT, DARREN		4.2 NAME		
STREET ADDRESS	6467 PARKLAND DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASTOA FL		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STULL, VANESSA		5.2 NAME		
STREET ADDRESS	6467 PARKLAND DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARSOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034.(11/98)

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, with all other like empowered.

SIGNATURE: [signature] VANESSA A. STULL — 3-30-99 — (941) 753-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #