FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000069201 (8)
1. Corporation Name

CASH	4	TIDEC	HOA	INIC	
LASH	4	HRES	HSA.	INU.	

Principal Place of Business

Mailing Address



ROUTE 1. BOX 83-A JASPER FL 32052		ROUTE 1. BOX 83-A JASPER FL 32052				
					3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1995 NA.	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number Applied F	Or
21		26			X Not Appli	cable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	.		5. Certificate of Status Desired Section Fee Required	
City & State		Oity & State			6. Flection Campaign Financing \$5.00 May B	
23	Counta	28	Countr	- 	Trust Fund Contribution — Added to Fees	
Ζφ 24	Country 25	Z)p	30	/	8. This corporation has liability for intangible tax under s 199.032 Florida Statutes ☐ Yes 🛣 No	1
	9. Name and Address of Curre		1301		10. Name and Address of New Registered Agent	
			81	Name		
HALL, JAY W			82	Stroot Addr	ress (P.O. Box Number is Not Acceptable)	
ROUTE 1, BOX 83-A JASPER FL 32052			83		iss to both the local and the second of	
WHO! L!!	T C OLOVE		p. m.			
•			84	City	FL 85 Zip Code	
or registered familiar with SIGNATURE:	diagent, or both, in the State of Flo , and accept the obligations of Se	rida. Such change was authori. ction 607 0505, Florida Statute	zed by the corp	oration's boa	ration submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered agent. I	am
12.	OFFICERS A	NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,
TITLE	D	DETELE	1 1 TIFLE		Change Add	fition
NAME	HALL, JAY W		1.2 NAME			
STREET ADDRESS	ROUTE 1, BOX 83-A		1.3 STREE	1.4008ESS		1
CITY-ST-7iP	JASPER FL 32052	F 051 516	14 C TY	ST ZP		
TITLE	D COMMAN DAVID C	DELETE	2 1 TIFLE 2 2 NAME		Change Add	ait an
NAME					•	
STREET ADDRESS	RR4 (6648) AMHERSTBU ONTARIO, CANADA NV9-2			1 ADDRESS		
CITY - ST - Z:P TITLE	D	↑ DELETE	2.4 CITY - 3.1 TITLE	S1 ZIP	Change Ado	ditios
NAME	BEAUDOYN, CHARLES L		3.2 NAME			
STREET ADDRESS	RR3 (4480) WINDSOR.			FE ADDRESS		
CITY-ST-ZIP	ONTARIO, CANADA N9A62	26	3.4 CHY-			!
TITLE		☐ DE: FTE	4 1 THUE		☐ Change ☐ Ado	dition
NAME		a	4.2 NAME		_ • -	
STREET ADDRESS			4351464	1 ADDRESS		
CITY-ST-ZIP			4.4 CHTs			
TITLE		DELETE	5 1 TITLE		Change Ade	t-tion -
NAME			5.2 NAMé		800001831578 -05/21/9601040006 ***225.00	-
STREET ADDRESS			5 3 S1REE	FADORESS	-05/21/9601040006	
CITY - S1 - ZIP			5.4 CITY -	ST ZIP	***225.00	
TITLE		☐ DELETE	6 1 TITLE		Change Ade	dition
NAME			6.2 NAME		- 46	
STREET ADDRESS			6.3 S1886	1 ADORESS	5-1-96 CE	,
CITY - ST - ZIP			6.4 Cilh		for the exemption stated in Section 119 07(3)(k). Florida Statutes, Lfurth	

4. I do hereby certify that the information supplied with this filing is volvint/finy 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 is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or discourse of this corporation or the reporter 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 (changed, or on an attaching in with an address).

SIGNATURE: X

MATURE AND SPEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 29/96 904-792-3646

CR2E034 (12/95)