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 # **P95000086145 (6)**

1. Corporation Name

CAYO GRANDE, INC.

Principal Place of Business

817 PINEDALE RD
FT WALTON BEACH FL 32548

Mailing Address

817 PINEDALE RD
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified: **11/07/1995**

3a. Date of Last Report:

2. Principal Place of Business
21 214 Racetrack Road
Suite, Apt. #, etc.
22
City & State
23 Ft Walton Beach FL
Zip
24 32547
Country
25

2a. Mailing Address
26 214 Racetrack Road
Suite, Apt. #, etc.
27
City & State
28 Ft Walton Beach FL
Zip
29 32547
Country
30

4. FEI Number: 59-3348359 — 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

LARSON, LOWELL
817 PINEDALE RD
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Larson Lowell C.
82 Street Address (P.O. Box Numbers Not Acceptable): 817 Pinedale Road
83
84 City: Fort Walton Beach, FL
85 Zip Code: 32547

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LARSON, LOWELL	
STREET ADDRESS	817 PINEDALE RD	
CITY - ST - ZIP	FT WALTON BEACH FL 32548	
TITLE	S	☐ DELETE
NAME	HENDERSON, BRENDA	
STREET ADDRESS	817 PINEDALE RD	
CITY - ST - ZIP	FT WALTON BEACH FL 32548	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
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 report is accurately typed 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 corporation has authorized me 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

904-862-7540
Daytime Phone #

CR2E034 (12/95)