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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 DEC 16 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088506

Corporation Name
CASSELBERRY ALLIANCE CORPORATION

Principal Place of Business	Mailing Address
110 SUMMERFIELD WAY BRANDON FL 33510	110 SUMMERFIELD WAY BRANDON FL 33510

DO NOT WRITE IN THIS SPACE

1. Date Incorporated or Qualified: 11/14/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: 59-3342809 ☐ 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

7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

DAVIS, SHERRILL A
110 SUMMERFIELD WAY
BRANDON FL 33510

9. Name and Address of New Registered Agent

81 Name: K. Ronald Schroeder
82 Street Address (P.O. Box Number is Not Acceptable): 110 Summerfield Way
83
84 City: Brandon FL 85 Zip: 33510

10. 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: K. Schroeder 12/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President
NAME	MURPHY, ALAN S JR.	12 NAME	K. Ronald Schroeder
STREET ADDRESS	110 SUMMERFIELD WAY	13 STREET ADDRESS	110 Summerfield Way
CITY-ST-ZIP	BRANDON FL 33510	14 CITY-ST-ZIP	Brandon, FL 33510
	☐ DELETE		☒ Change ☐ Addition
TITLE	D	21 TITLE	Director
NAME	DAVIS, SHERRILL A	22 NAME	K. Ronald Schroeder
STREET ADDRESS	110 SUMMERFIELD WAY	23 STREET ADDRESS	110 Summerfield Way
CITY-ST-ZIP	BRANDON FL 33510	24 CITY-ST-ZIP	Brandon, FL 33510
	☒ DELETE		☒ Change ☐ Addition
	☐ DELETE	31 TITLE	☐ Change ☐ Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
	☐ DELETE	41 TITLE	☐ Change ☐ Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
	☐ DELETE	51 TITLE	☐ Change ☐ Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
	☐ DELETE	61 TITLE	☐ Change ☐ Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

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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: K. Ronald Schroeder 12/14/99 (813)-684-2200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR