

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1. Corporation Name
CASSIDY ENTERPRISES, INC.

**2430 SHADOWLAWN DRIVE #18
NAPLES FL 34112**

**2430 SHADOWLAWN DRIVE #18
NAPLES FL 34112-4801**

2. Principal Place of Business		2a. Mailing Address	
21	1872 PICCADILLY CIRCUS Suite, Apt. #, etc.	26	1872 PICCADILLY CIRCUS Suite, Apt. #, etc.
22	City & State	27	City & State
23	NAPLES, FL. 34102	28	NAPLES, FL. -
24	Zip	29	Zip
25	Country	30	Country
	USA.		

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

3a. Date Incorporated or Qualified 07/26/1996	3b. Date of Last Report
4. FFI Number 59-3397367	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	
10. Name and Address of New Registered Agent	

B1	Name	MICHAEL J. BODAH, CPA.	
B2	Street Address (P.O. Box Number is Not Acceptable)	771 ANDERSON DR.	
B3			
B4	City	NAPLES, FL.	FL B5 Zip Code 34103

I, James M. Smith, President of the above named corporation, certify that the foregoing is a true and correct statement of the facts and circumstances relating to the change of name of the above named corporation, and that the change of name is authorized by the board of directors of the corporation, and that the change of name is in compliance with the provisions of Sections 607.02(2) and 607.15(5), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered name or registered address 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 of the above named corporation, except to the extent, if any, that said appointment is inconsistent with the provisions of Sections 607.02(2) and 607.15(5), Florida Statutes.

[illegible]

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASSIDY, CHRISTOPHER
STREET ADDRESS	2430 SHADOWLAWN DRIVE #18
CITY, ST, ZIP	NAPLES FL 34112

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE
NAME
STREET ADDRESS
CITY- ST ZIP

NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 member of the corporation or the person or persons 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 in an attachment with an address.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 11 TITLE PRESIDENT ☒ Change ☐ Addition

11 DATE _____ ☒ Change ☐ Addition
12 NAME PRESIDENT
13 STREET ADDRESS CASSIDY CHRISTOPHER
14 CITY STATE ZIP 1872 PICCADILLY CIRCUS
CHARLES ST 31442

2 1 NAME *NAME, FL 34112* ☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY, ST, ZIP

3* TITLE	☐ Change	☐ Addition
3* 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

53 TITLE
52 NAME
53 STREET ADDRESS
54 CITY STATE ZIP

6.1 BILL	<i>JS</i> <i>4/29</i> ☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY STATE	

CR2E034 (9/96)