

FILE NOW: FILING FEE AFTER MAY 1 IS \$650.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000072646

1. Corporation Name

AERIALS BY CAUDELL INC.

Principal Place of Business

Mailing Address

1198 GULF BREEZE PKWY STE 1
GULF BREEZE, FL
32561

SAME

3. Date Incorporated or Qualified

3-SEP-96

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26 SAME AS ABOVE

4. FEI Number

59-3400378

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SAME AS ABOVE

27 SAME AS ABOVE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 SAME AS ABOVE

28 SAME AS ABOVE

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 USA

29 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARA L. CAUDELL
1198 GULF BREEZE PKWY STE 1
GULF BREEZE, FL 32561

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Type, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME COLVEN E. CAUDELL, JR.
STREET ADDRESS 605 FAIRPOINT DR.
CITY, ST, ZIP GULF BREEZE, FL 32561

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE VICE PRESIDENT
NAME SARA L. CAUDELL
STREET ADDRESS 605 FAIRPOINT DR.
CITY, ST, ZIP GULF BREEZE, FL 32561

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do 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.

SIGNATURE: Colven E. CaudeLL, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLVEN E. CAUDELL, JR.

6 MAY 97

Date

904 916-0011

Daytime Phone #

CR2E034 (9/96)