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Mar 05 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 # P96000103795 (6)

1. Corporation Name

CONTRACT ADMINISTRATION, INC.

Principal Place of Business

2601 PALMETTO RD.
MT. DORA FL 32757

Mailing Address

2601 PALMETTO RD.
MT. DORA FL 32757-2422

3. Date Incorporated or Qualified

12/20/1996

3a. Date of Last Report

N/A

4. FEI Number

59 3419152

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

2. Principal Place of Business

21 2601 Palmetto Rd.

2a. Mailing Address

26 18950 U.S. Highway 44

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Mount Dora, FL

Zip

24 32757

Country

25 Lake

City & State

27 Box 203

28 Mount Dora, FL

Zip

29 32757

Country

30 LAKE

9. Name and Address of Current Registered Agent

SHAVER, VICTOR G
2601 PALMETTO RD.
MT. DORA FL 32757

10. Name and Address of New Registered Agent

81 Name

Victor G. Shaver

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

2601 Palmetto Rd.

83

84 City

Mount Dora,

FL

85 Zip Code

32757

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

DP
NAME SHAVER, VICTOR G
STREET ADDRESS 2601 PALMETTO RD.
CITY-ST-ZIP MT. DORA FL 32757

TITLE ☐ DELETE

DS
NAME SHAVER, PATRICIA
STREET ADDRESS 2601 PALMETTO RD.
CITY-ST-ZIP MT. DORA FL 32757

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 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: SIGNATURE REQUIRED

2-26-97

352 735 8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000700

CR2E034 (9/96)