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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000049851 (3)

CAULEY TIMBED & TOLICKING INC

Principal Place of Business	Mailing Address	
P.O. BOX 984 BUNNELL FL 32110	P.O. BOX 984 BUNNELL FL 32110	
2. Principal Place of Business	2a. Mailing Address	
Suite Apt # etc	26 Suite Apl # etc	

FILED Mar 26 1998 8:00am Secretary of State



												 		
Principal Place of Business Mailing Address							7	t emminite iem imser inder deter mitter	(8) 8 10 W W	A LOCAL ISLA	i mirki sihi rikai			
P.O. BOX 984				P.O. BOX 984										
BUNNELL FL 32110 BUNNELL FL 32110									DO NOT WRITE IN THIS SPACE					
								3.	Date Incorporated or Qualified					
									06/05/1997					
2. Principal Pi	lace of Busin	1055	2a. M	lailing Address				4.	FEI Number			Applied For		
21			26						<u>59-2693133</u>			Not Applicable		
Suite, Apt.	#, etc			uite, Apt. #, etc.				5.	Certificate of Status Desired			5 Additional		
City & Coat			27	Vi. 9 Choin								Required		
City & State	e		├- -1	City & State				6.	Election Campaign Financing	m		00 May Be		
Zip		Country	[28]	ip .	Cour	ntrv	,	+-	Trust Fund Contribution			ed to Fees		
24	}	25	29	**/	30	¬			8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No					
			Current Registe	red Agent	1901			10.						
CA	ULEY, JER					81	Name							
	3 CANAL				ŀ	B2	Street Ade	dross (I	P.O. Box Number is Not Accepta	(alda)				
BUNNELL FL 32110						02	Street Auc	uiess (r	F.O. Box Number is Not Accepte	юю				
					Ī	83								
					ŀ	84	City	 -			85 Z	ip Cod∈		
						•	Oily			FL	. 65 ~	.p code		
office or re	eaistored aa	ient, or both, in t	he Stale of Florida	1508, Florida Statu Such change was Section 607.0505, F	authorized	1 DV	/ the corpora	rporatio ation's I	on submits this statement for the board of directors. I hereby acc	purpose of opt the app	f changin ointment	g its registered as registered		
•	initarilliai wi	(ii, and accept ii	io obligations of, a	Section 607.0303, 1	iorida State	DIOS	э.							
SIGNATURE	Signature typed	or punied name of reg	istered agent and little if a	pphoable (NO	TE Registered	Age	ent signature requ	uired wher	n reinstating)	DATE				
12.		OFFIC	ERS AND DIRECT		13.				ADDITIONS/CHANGES TO OFF	CERS AND				
TITLE	PD			DELETE.	1.1 TeT	LE						ge 🔲 Addition		
NAME		, JERRY W			1.2 NA	ME								
STREET ADDRESS		WAL STREET			1.3 STI	REET	ADDRESS							
CITY-ST-ZIP		L FL 32110		Dr. crc	1.4 CIT		T-ZIP				T 0:			
TITLE	STD	DELOACH, J	EDDII VANA	☐ DELETE	2.1 TIT						Chang	ge Addition		
NAME	ONCLET	ORTH CHURC	EMNIL I MM		2.2 NA				ar.					
STREET ADDRESS		L FL 32110	71				ADDRESS							
CITY-ST-ZIP TITLE	DOINTE	T. L. 25110		DELETE	2. 4 CI 3.1 TIT		ST- ZIP				Chang	e Addition		
NAME					3.1 III						Onany	, C. Addition		
STREET ADDRESS					4		ADDRESS					ì		
CITY-ST-ZIP					3.4. CI									
TITLE			···	DELETE	4.1 TrT		ZI - ANT				Chang	je 🔲 Addition		
NAME					4.2 NA									
STREET ADDRESS							ADDRESS							
CITY - ST - ZIP					4.4 CIT									
TITLE				DELETE	5.1 TIT						Chang	e Addition		
NAME)					5.2 NA	ME	Ì					Ì		
STREET ADDRESS					5.3 ST	REET	ADDRESS							
CITY-ST-ZIP					5.4 CIT	Y-\$	T-ZIP							
TITLE				DELETE	6.1 1(1	LE					Chang	ge Addition		
NAME	!				6.2 NA	ME								
STREET ADDRESS					6.3 ST	REET	ADDRESS							
CITY-ST-ZIP			·		6.4 CIT	Y-\$	T-ZIP							

I hereby certify that the information supplied with this filling 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.

March 18,1998