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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080591 1. Corporation Name

CADOLAIDE INC

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90099 045 ***150.00

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Principal Place	of Business	Mailing Address				i faulfam ein fatte tantt abert abett butte maint	12171 88181 81115	18181 (181 138 1
5815 LIVE OAK		5815 LIVE OAK				· .		
LAKELAND FL 33813		LAKELAND FL 33813	** *		DO NOT WRITE IN THIS	SPACE		
	,					3. Date Incorporated or Qualifed 09/12/1997		irs No.
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	√ Ap	plied For
21		26				593467347 59-348 5710	. No	t Applicable
Suite, Apt.	#, etc. : 🍕	. Suite, Apt. #, etc.	· ·	-		5. Certificate of Status Desired	\$8.75 /	
22		27 .				3. Certificate of States Besides	Fee Re	quired
City & State	•	City & State				6. Election Campaign Financing	\$5.00	-
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zíp		untry		8. This corporation owes the current year in		
24	25	29	30			Personal Property Tax.	X Yes	□No
	9. Name and Address of Current	t Registered Agent		0.1		10. Name and Address of New Registered	Agent	
	VICTE HOVE D			81	Name			
	NETT, HOYT R			82	Street Add	dress (P.O. Box Number is Not Acceptable)	•	
	LIVE OAK					- All Addison to Fig. 1		
LAKE	ELAND FL 33813			83				
		• *		84	City	· FL	85 Zip 0	Code
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office or re agent. I as SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agen	of Florida. Such change was tions of, Section 607.0505, Flori and title if applicable. (NOT	autnonze orida Stat	d by t tutes.	tne corpora	mon's board of directors. Thereby accept the appo		gistoriou
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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: