FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P97000095249 DOCUMENT # **CAVENDISH ENTERPRISES INC** Principal Place of Business Mailing Address GULF TAX INC. C/O BRIAN LIGHT 6660 GULFPORT BLVD., SUITE 900 ST PETERSBURG FL 33707-2108 GULF TAX INC. C/O BRIAN LIGHT 6860 GULFPORT BLVD., SUITE 900 DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33707-2108 3. Date Incorporated or Qualified 11/05/1997 2, Principal Place of Business 2a, Mailing Address Applied For 59.3501752 COACH + HORSES GRITISH PUB Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6240 d. LOCKWOOD RIDGE RD Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be S ARASOMA 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 29 30 ☐ Yes No. Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GULF TAX INC.** C/O BRIAN LIGHT 82 Street Address (P.O. Box Number is Not Acceptable) 6860 GULFPORT BLVD., SUITE 900 83 ST PETERSBURG FL 33707-2108 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition VANDERVELL, MARTIN C NAME 1.2 NAME STREET ADDRESS 6860 GULFPORT BLVD., SUITE 900 1.3 STREET ADDRESS **ST PETERSBURG FL 33707-2108** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change \_\_\_ Addition NAME DARE, BARRY K 2.2 NAME 6860 GULFPORT BLVD. SUITE 900 STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL 33707-2108 CITY-ST-ZIP 2.4 CITY - ST - ZIP Addition DELETE TITLE 3.1 TITLE Change GULF MAX IMC - BRIAN LIGHT 6860 GULFPORT BLUD, SUITE 900 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS ST PETERSBURG FL 33707-2108 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ITLE Addition NAME JAME STREET ADDRESS FREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP DELETE TITLE TLE Change Addition NAME AME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP

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.

REET ADDRESS

ITY-ST-ZIP

Addition

6.1 ILE

6.2

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP