

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

**FILED**

**Jan 21 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S18647 (5)**  
1. Corporation Name  
**CAVANAUGH VESEY PROPERTIES, INCORPORATED**



Principal Place of Business <b>325 WINDWARD ISLAND CLEARWATER FL 34630 US</b>	Mailing Address <b>325 WINDWARD ISLAND CLEARWATER FL 34630 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/11/1990</b>		4. FEI Number <b>59-3041861</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
City & State <b>23</b>	City & State <b>28</b>			
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	

9. Name and Address of Current Registered Agent <b>CAVANAUGH, JAMES D 325 WINDWARD ISLAND CLEARWATER FL 34630 33767</b>				10. Name and Address of New Registered Agent	
<b>81</b> Name				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)					
<b>83</b>					
<b>84</b> City				<b>FL</b>	<b>85</b> 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 *James D Cavanaugh* **1/6/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>VESEY, JAMES</b>		1.1 TITLE <b>P. D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CAVANAUGH JAMES D</b>	
STREET ADDRESS <b>325 WINDWARD ISLAND</b>			1.2 NAME	<b>325 WINDWARD ISLAND</b>	
CITY-ST-ZIP <b>CLEARWATER FL 34630</b>			1.3 STREET ADDRESS	<b>CLEARWATER FL. 33767</b>	
TITLE <b>STD</b> <input type="checkbox"/> DELETE	NAME <b>CAVANAUGH, JAMES D.</b>		1.4 CITY-ST-ZIP		
STREET ADDRESS <b>325 WINDWARD ISLAND</b>			2.1 TITLE <b>S. F. D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CAVANAUGH DOLORES M</b>	
CITY-ST-ZIP <b>CLEARWATER FL 34630</b>			2.2 NAME	<b>325 WINDWARD ISLAND</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>CAVANAUGH, DOLORES M.</b>		2.3 STREET ADDRESS	<b>CLEARWATER FL 33767</b>	
STREET ADDRESS <b>325 WINDWARD ISLAND</b>			2.4 CITY-ST-ZIP		
CITY-ST-ZIP <b>CLEARWATER FL</b>			3.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>CAVANAUGH DENISE A</b>	
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME <b>VESEY, LYNDA F.</b>		3.2 NAME	<b>325 WINDWARD ISLAND</b>	
STREET ADDRESS <b>8903 BARDMOOR VLVD NO 27</b>			3.3 STREET ADDRESS	<b>CLEARWATER FL 33767</b>	
CITY-ST-ZIP <b>SEMINOLE FL</b>			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE	NAME		4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			5.2 NAME		
			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			6.2 NAME		
			6.3 STREET ADDRESS		
			6.4 CITY-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.

SIGNATURE: *James D Cavanaugh* **1/6/98** **813 443 4485**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0410E12

CR2E034 (10/97)