

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S25825 (8)

1. Corporation Name  
CAS-A-BRO, INC.



Principal Place of Business

P.O. BOX 86627  
MADEIRA BEACH FL 33738

Mailing Address

P.O. BOX 86627  
MADEIRA BEACH FL 33738

3. Date Incorporated or Qualified  
01/17/1991

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 11042 128th Av

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Madeira Beach, FL

28 City & State

24 Zip Country

29 Zip Country

24 33708 25 USA

29 30

4. FEI Number  
59-3048256

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROGARD, CORRINE  
1101/2 JOHN'S PASS BROADWALK  
MADEIRA BEACH FL 33708

81 Name  
Cass, Linda K.

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

9799 49th Av N

83

84 City  
St. Petersburg

FL

85 Zip Code  
33708

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 Linda K. Cass, Secretary

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 NAME ☐ DELETE

CASS, LESLIE  
110 1/2 JOHN'S PASS BROADWALK  
MADEIRA BEACH FL

TITLE NAME ☒ DELETE

VPS  
CASS, LINDA  
110 1/2 JOHN'S PASS BROADWALK  
MADEIRA BEACH FL

TITLE NAME ☒ DELETE

T  
BROGARD, CORRINE  
4110-A 127TH ST W  
CORTEZ FL

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE UP ☐ Change ☒ Addition

1.2 NAME  
Cass, Daniel  
1.3 STREET ADDRESS  
9799 49th Av N  
1.4 CITY-ST-ZIP  
St. Petersburg, FL 33708

2.1 TITLE Treasurer ☒ Change ☐ Addition

2.2 NAME  
Cass, Linda L.  
2.3 STREET ADDRESS  
11042 128th Av John's Pass Broadwalk  
2.4 CITY-ST-ZIP  
MADEIRA Beach FL 33708

3.1 TITLE Secretary ☐ Change ☒ Addition

3.2 NAME  
Cass, Linda K.  
3.3 STREET ADDRESS  
9799 49th Av N  
3.4 CITY-ST-ZIP  
St. Petersburg, FL 33708

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Linda K. Cass  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

813-391-7738

Date Daytime Phone #

CR2E034 (12/95)