

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

FILED

Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S25825** (8)

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

Principal Place of Business
**110 128TH AV
MADEIRA BCH FL 33708
US**

Mailing Address
**P.O. BOX 86627
MADEIRA BEACH FL 33738-6627**



2. Principal Place of Business

21 **110 1/2 128th Ave.**

Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
01/17/1991

3a. Date of Last Report
04/26/1996

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

**CASS LINDA K.
1101/2 JOHN'S PASS BROADWALK
ST. PETERSBURG FL 33708**

10. Name and Address of New Registered Agent

81 Name

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

110 1/2 128th Avenue

83

84 City

Madeira Beach

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

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **CASS DANIEL**
CITY-ST-ZIP **9799 49TH AV N.
ST. PETERSBURG FL 33708**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **CASS LINDA L.**
CITY-ST-ZIP **110 128TH AVE JOHN'S PASS BOARDWALK
MADEIRA BCH FL 33708**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **CASS LINDA K.**
CITY-ST-ZIP **9799 49TH AV N
MADEIRA BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **110 1/2 128th Avenue**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **St. Petersburg, FL 33708**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **President**
4.3 STREET ADDRESS **Leslie A. Cass**
4.4 CITY-ST-ZIP **110 1/2 128th Avenue
Madeira Beach, FL 33708**

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 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: *Linda L. Cass* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-26-97 X 813-341-7738
Date Daytime Phone #

CR2E034 (9/96)