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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # \$39464** 

(0) CADE & DEANNA LONG, INC. Principal Place of Business Mailing Address 6822 OLD POLK CITY ROAD 6822 OLD POLK CITY ROAD **LAKELAND FL 33809-2336** LAKELAND FL 33809-2336 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1991 06/25/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2528600 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be Added to Fees Trust Fund Contribution 23 28 Ζip Country Zιρ Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET **B2** Stree TALLAHASSEE FL 32301 83 84 Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the offigations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Pursuant to the prooffice or registered age SIGNATURE (NOTE Registered Agent signature required when reinstating) gistered agent and title it applicable FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) Change Addition TITLE DELETE 1.1 TITLE LONG, D.C. "BUDDY" NAME 1.2 NAME CR2E034 6822 OLD POLK CITY RD STREET ADDRESS. 1.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE SD 2.1 TITLE Change LONG, DEANNA NAME 22 NAME 6822 OLD POLK CITY RD STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 2. 4 CITY - ST - ZIP CITY-ST-ZIF DELETE 3.1 THILE Change Addition TITLE STRAND, KIMBERLY L 3.2 NAME NAME 6822 OLD POLK CITY RD STREET ADDRESS 3 3 STREET ADDRESS LAKELAND FL 34. CHIY-ST-ZIP CHY-ST-ZIP DELETE Channe Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change ☐ Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this Fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the referring that the morration sopplied with this ming does not quality in the exempton sale in Section 113.07(i). Florida Statutes, Intitied early that the information indicated on this annual report or suppresent 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 discovery 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 one attachment with an address. I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed,

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

**FILED** 

Jan 17 1997 8:00am

Secretary of State

Daytime Phone #