


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

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Apr 07 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 # **S41978** (5)
1. Corporation Name
CONTRACT ASSEMBLIES, INC.



Principal Place of Business 2215 ORANGER DRIVE CLEARWATER FL 34625 RR6 BOX 1218 HAVANA, FL 32333	Mailing Address 1311 N. BELCHER RD. QUINCY, FL 32351 CLEARWATER FL 34625
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3. Date Incorporated or Qualified 03/29/1991	3a. Date of Last Report 04/26/1996
4. FEI Number 59-3079231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 RR6 BOX 1218 Suite, Apt. #, etc.	2a. Mailing Address 26 RR6 BOX 1218 Suite, Apt. #, etc.
22 City & State 23 HAVANA, FL	27 City & State 28 HAVANA, FL
24 Zip 32333	25 Country USA
29 Zip 32333	30 Country USA

9. Name and Address of Current Registered Agent SNYDER, JEFFERY A. 2215 ORANGER DRIVE RR6 BOX 1218 CLEARWATER FL 34625 HAVANA, FL 32333	
81 Name SNYDER, JEFFERY A.	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable) RR6 BOX 1218	
83	
84 City HAVANA	85 Zip Code FL 32333

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: *Jeffery A. Snyder* **JEFFERY A. SNYDER** **3.31.97**
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SNYDER, JEFFERY 2215 ORANGER DRIVE CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT SNYDER, JEFFERY A. RR6 BOX 1218 HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WHITE, DONALD 3660 QUINCY PLACE GAINESVILLE GA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeffery A. Snyder* **JEFFERY A. SNYDER** **3.31.97** **904-514-1617**
(NOTE: Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)