

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

00554

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90209 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S41978**

1. Corporation Name

**CONTRACT ASSEMBLIES, INC.**

Principal Place of Business

Mailing Address

~~RR 6, BOX 1210~~  
~~HAVANA FL 32030~~  
~~US~~

~~RR 6, BOX 1210~~  
~~SUITE 4045~~  
~~HAVANA FL 32030~~  
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/29/1991**

2. Principal Place of Business

**21 2155 West Jefferson St.**

2a. Mailing Address

**26 2155 West Jefferson St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite AA5**

**27 Suite AA5**

City & State

City & State

**23 Quincy, FL**

**28 Quincy, FL**

Zip

Country

Zip

Country

**24 32351**

**25 USA**

**29 32351**

**30 USA**

4. FEI Number

**59-3079231**

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 owes the current year intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNYDER, JEFFERY A.**  
**RR 6, BOX 1210**  
**HAVANA FL 32030**

81 Name

**Richard A. Spahn**

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

**1601 NW 101st Avenue**

83

**Suite 208**

84 City

**Pembroke Pines**

**FL**

85 Zip Code

**33026**

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

*Richard A. Spahn*

**Richard A. Spahn**

**4/27/99**

Signature, type, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SNYDER, JEFFERY</b>	
STREET ADDRESS	<b>RR 6, BOX 1210</b>	
CITY-STATE-ZIP	<b>HAVANA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, DONALD</b>	
STREET ADDRESS	<b>3660 QUINCY PLACE</b>	
CITY-STATE-ZIP	<b>GAINESVILLE GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>White, Robert A.</b>	
1.3 STREET ADDRESS	<b>11944 E. Harvard Avenue</b>	
1.4 CITY-STATE-ZIP	<b>Aurora, CO</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P, S, T, D</b>	
2.3 STREET ADDRESS	<b>White, Donald</b>	
2.4 CITY-STATE-ZIP	<b>3660 Quincy Place</b>	
3.1 TITLE	<b>Gainesville, GA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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, with all other like empowered.

SIGNATURE:

*Donald A. White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donald A. White**

**4/27/99**

**850-627-2638**

Date

Daytime Phone #

CR2E034 (11/98)