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 # V47264   (9)

1. Corporation Name

CAXAMBAS PASS, INC.

Principal Place of Business	Mailing Address
109 RACETRACK RD. FT. WALTON BEACH FL 32547	109 RACETRACK RD. FT. WALTON BEACH FL 32547

3. Date Incorporated or Qualified	3a. Date of Last Report
06/25/1992	04/12/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21 4125 BAisden Road	26	65-0342535	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Pensacola, Florida	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 32547	Country 25 Escambia	Zip 29	Country 30

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
MASINO, LARRY L 109 "H" RACETRACK ROAD FT. WALTON BEACH FL 32548	Address Change to: 4125 Baisden Road Pensacola, Florida 32547

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip Code

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 typed 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 PS NAME MASINO, LARRY LEON STREET ADDRESS 109 RACETRACK RD CITY-ST-ZIP FT WALTON BEACH FL	☐ DELETE	1.1 TITLE 1.2 NAME **Larry L. Masino** 1.3 STREET ADDRESS **4125 Baisden Road** 1.4 CITY-ST-ZIP **Pensacola, Florida 32501**	☒ Change (of address) ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E034 (9/96)

a. alan
4/15/97

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: _____ REQUIRED

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Larry masino

4/14/97   904 469-1247
Date   Daytime Phone #