

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49162 (3)

1. Corporation Name

CASEY CONSTRUCTION, INC.



Principal Place of Business

2400 FLINTLOCK DR.
CLEARWATER FL 34625

Mailing Address

2400 FLINTLOCK DR.
CLEARWATER FL 34625

3. Date Incorporated or Qualified
07/09/1992

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

21 1016 Ponce de Leon Blvd

2a. Mailing Address

26 1016 Ponce de Leon Blvd 59-3131543

Suite, Apt. #, etc.

22 Suite 5

Suite, Apt. #, etc.

27 Suite 5

City & State

23 Belleair, Florida

City & State

28 Belleair, Florida

Zip

24 34616

Country

25 US

Zip

29 34616

Country

30 US

4. FEI Number

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

WETHERINGTON, DONALD D., JR.
2400 FLINTLOCK DRIVE
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-96

12. OFFICERS AND DIRECTORS

TITLE VP
NAME MOUNGRIDES, JOHN P
STREET ADDRESS 1302 OVERCASH DR
CITY-ST-ZIP DUNE FL ☒ DELETE

TITLE DST
NAME WETHERINGTON, DAVID L.
STREET ADDRESS 2400 FLINTLOCK DR.
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE VP
NAME MOUNGRIDES, JOHN
STREET ADDRESS 1302 OVERCASH DR.
CITY-ST-ZIP DUNEDIN FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME JEFFERY W. Smith
1.3 STREET ADDRESS 407 Roebling Road South
1.4 CITY-ST-ZIP Belleair, FL 34616 ☐ Change ☒ Addition

2.1 TITLE VP
2.2 NAME DAVID WETHERINGTON
2.3 STREET ADDRESS 1789 Stable Trail
2.4 CITY-ST-ZIP Palm Harbor, FL 34685 ☒ Change ☐ Addition

3.1 TITLE SECRETARY-TREASURER
3.2 NAME KATHLEEN W. Smith
3.3 STREET ADDRESS 407 Roebling Road South
3.4 CITY-ST-ZIP Belleair, FL 34616 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kathleen W. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

813-559-0420

Date

Daytime Phone #

CR2E034 (12/95)