

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 20 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V58517 (6)

1. Corporation Name

CASEY & GERRISH ASSOCIATES, INC.

Principal Place of Business

1600 W. CYPRESS CREEK ROAD
SUITE 102
FORT LAUDERDALE FL 33309
US

Mailing Address

1600 W CYPRESS CREEK RD
SUITE 102
FORT LAUDERDALE FL 33309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0353728

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. 190.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 10191 W. SAMPLE RD

Suite, Apt. #, etc

22 SUITE 201

City & State

23 CORAL SPRINGS, FL.

Zip

24 33065

Country

25 U.S.A.

2a. Mailing Address

26 10191 W. SAMPLE RD.

Suite, Apt. #, etc

27 SUITE 201

City & State

28 CORAL SPRINGS, FL

Zip

29 33065

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

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 (Typed or Printed Name of Registered Agent and Date of Signature)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DP
GERRISH, STUART A
3985 NW 73RD WAY
CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DSV
LONG, KENT A
751 LYONS RD 10-808
COCONUT CREEK FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

CORAL SPRINGS, FL 33065

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

6850 N.W. 2nd AVE. #8

BOCA RATON, FL 33487

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Stuart A. Gerrish* STUART A. GERRISH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-95

305-340-1250