SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT** # (6)CATHEY & SON CONSTRUCTION COMPANY Mailing Address Principal Place of Business 1820 CURRYVILLE RD 1820 CURRYVILLE RD. CHULUOTA FL 32766 CHULUOTA FL 32766 3a. Date of Last Report 3. Date Incorporated or Qualified 05/31/1995 10/01/1992 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3146917 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country ZiD Yes No Florida Statutes 30 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MAHAFFEY, JOHN D., JR. Street Address (P.O. Box Number is Not Acceptable) 82 3438 LAWTON RD. S-200 83 ORLANDO FL 32803 Zip Code 85 City 84 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 nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (HOTE Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 THEF TITLE CR2E034 1.2 NAME CATHEY, JAMES E. NAME 1.3 STREET ADDRESS 1820 CURRYVILLE RD. STREET ADDRESS 1.4 CITY - ST - ZIP CHULUOTA FL Change Addition CITY - ST - ZIF DELETE 21 11116 TITLE 22 NAME NAME CATHEY, JAMES E JR. 2.3 STREET ADDRESS STREET ADDRESS **1820 CURRYVILLE RD** 2 4 CITY - ST - ZIP CHULUOTA FL. CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME CATHEY, LOLA P 3 3 STREET ADDRESS STREET ADDRESS **1820 CURRYVILLE RD** 3.4 CITY ST-ZIP CHULUOTA FL ... CITY-ST-ZIP Change 🔲 Adistion DELETE 4 1 TiTLE TITLE 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5111/10 TITLE 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CHY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 61TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 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 617. Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: