

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000003383

**Entity Name:** CAB 54,INC.

**Current Principal Place of Business:**

4865 TIGER LANE  
MIMS, FL 32754

**Current Mailing Address:**

4865 TIGER LANE  
MIMS, FL 32754

**FEI Number:** 81-1031996

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OVERVOLD, PAULA  
4865 TIGER LANE  
MIMS, FL 32754 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	OVERVOLD, DOUGLAS	Name	OVERVOLD, PAULA
Address	4865 TIGER LANE	Address	4865 TIGER LANE
City-State-Zip:	MIMS FL 32754	City-State-Zip:	MIMS FL 32754

Title           MANAGER  
Name            OVERVOLD, EDWARD  
Address         4865 TIGER LANE  
City-State-Zip: MIMS FL 32754

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAULA OVERVOLD

VP

03/29/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

Date