

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 # **P20939** (5)

1. Corporation Name
CAGLEY & ASSOCIATES, INC.



Principal Place of Business: **6141 EXECUTIVE BLVD. ROCKVILLE MD 20852**
Mailing Address: **6141 EXECUTIVE BLVD. ROCKVILLE MD 20852**

3. Date Incorporated or Qualified: **09/16/1988**
3a. Date of Last Report: **03/31/1995**

| | | | | | | |
|----|--------------------------------|----|---------------------|---|---|---------------------------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4 | FEI Number 52-1432994 | Applied For Not Applicable |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5 | Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6 | Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | Zip | 8 | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 | Country | 30 | Country | | | |

9. Name and Address of Current Registered Agent

**SCHMITT, RONALD
857 B SOUTHEAST
47TH STREET
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) 425 Rossetti Circle North |
| 83 | |
| 84 | City Nokomis |
| 85 | Zip Code FL 34275 |

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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed has no legal effect unless dated and initialed. (NOTE: Registered Agent Signature required when relevant.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | PTD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAGLEY, JAMES R. | 1.2 NAME | |
| STREET ADDRESS | 11312 HUNTOVER DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKVILLE MD | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAGLEY, SHARON K.R. | 2.2 NAME | |
| STREET ADDRESS | 11312 HUNTOVER DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKVILLE MD | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLBERT, DAVID H. | 3.2 NAME | |
| STREET ADDRESS | 4900 HORNBEAM DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCKVILLE MD | 3.4 CITY-ST-ZIP | |
| TITLE | VD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | APPLE, RICHARD | 4.2 NAME | |
| STREET ADDRESS | 12245 CARROLL MILL RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ELLCOTT CITY MD | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 (301) 8319050

CR2E034 (12/95)