FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 16 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H67425** (9)

1. Corporation Name
C & S SALES & MARKETING, INC.

Principal Place of Business	Mailing Address
1620 COUNTRY LANE DUNEDIN FL 34698-2306	1620 COUNTRY LANE DUNEDIN FL 34698-2306

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1985
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business
21 3030 N. Rocky Pt. Dr. W.
Suite, Apt. #, etc.
22 Suite 530
City & State
23 TAMPA, FL
Zip 24 33607 Country 25

2a. Mailing Address
26 3030 N. Rocky Pt. Dr. W.
Suite, Apt. #, etc.
27 Suite 530
City & State
28 TAMPA, FL
Zip 29 33607 Country 30

4. FEI Number: 59-2551103 ☐ 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

COLLINS, EMMETT M.
1620 COUNTRY LANE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: COLLINS EMMETT M.
82 Street Address (P.O. Box Number is Not Acceptable): 404 16TH. AVE
83
84 City: INDIAN ROCKS BEACH FL 85 Zip Code: 34635

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	☒ Change ☐ Addition
NAME	COLLINS, EMMETT M.	1.2 NAME	
STREET ADDRESS	1620 COUNTRY LANE	1.3 STREET ADDRESS	404 16TH AVE.
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL. 34635
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	SCHROEDER, ROBERT G.	2.2 NAME	
STREET ADDRESS	12176 MONARCO LN.	2.3 STREET ADDRESS	453 HARBOR DR. N.
CITY-ST-ZIP	SPRINGHILL FL	2.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL. 34635
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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: Emmett M. Collins EMMETT M. COLLINS 3/13/95 813-282-0886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0388817 CP