FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # K92054

1. Corporation Name
CMR Service Group, Inc.

Principal Place of Business	Mailing Address
1014 Pennsylvania Ave. St. Cloud FL 34769	1014 Pennsylvania Ave. St. Cloud Fl 34769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/30/89

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
59-2950521
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Harry J. Swart CPA
717 E. Oak Street
Kissimmee, FL 34744

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 Section 607.0502 or 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. Said 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 (Required if Agent is changing) DATE

12. OFFICER(S) AND DIRECTOR(S)		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	Freeman, Robert	12 NAME	
STREET ADDRESS	1636 Regal Oak Court	13 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34744	14 CITY ST ZIP	
☐ DELETE			
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	Freeman, Elisa	22 NAME	
STREET ADDRESS	1636 Regal Oak Court	23 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34744	24 CITY ST ZIP	
☐ DELETE			
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
☐ DELETE			
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
☐ DELETE			
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
☐ DELETE			
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

JS 5.27

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***150.00

CR2E034 (10/97)

14. I hereby certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #