

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M71262** (3)

1. Corporation Name

C.M. FREEMAN CO.



Principal Place of Business

**106-B CORPORATION WAY
VENICE FL 34292**

Mailing Address

**106-B CORPORATION WAY
VENICE FL 34292**

3. Date Incorporated or Qualified

03/01/1988

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREEMAN, CANDIS M.
336 W BAY DR
VENICE FL 34285**

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PD
FREEMAN, CANDIS M.**

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

336 W BAY DR

1.2 NAME

STREET ADDRESS

VENICE FL

1.3 STREET ADDRESS

CITY-STATE-ZIP

V

1.4 CITY-STATE-ZIP

TITLE

**V
FREEMAN, ROBERT A**

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

336 W BAY DR

2.2 NAME

STREET ADDRESS

VENICE FL 34285

2.3 STREET ADDRESS

CITY-STATE-ZIP

V

2.4 CITY-STATE-ZIP

TITLE

**V
FREEMAN, ROBERT A**

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

336 W BAY DR

3.2 NAME

STREET ADDRESS

VENICE FL 34285

3.3 STREET ADDRESS

CITY-STATE-ZIP

V

3.4 CITY-STATE-ZIP

TITLE

**V
FREEMAN, ROBERT A**

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

336 W BAY DR

4.2 NAME

STREET ADDRESS

VENICE FL 34285

4.3 STREET ADDRESS

CITY-STATE-ZIP

V

4.4 CITY-STATE-ZIP

TITLE

**V
FREEMAN, ROBERT A**

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

336 W BAY DR

5.2 NAME

STREET ADDRESS

VENICE FL 34285

5.3 STREET ADDRESS

CITY-STATE-ZIP

V

5.4 CITY-STATE-ZIP

TITLE

**V
FREEMAN, ROBERT A**

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

336 W BAY DR

6.2 NAME

STREET ADDRESS

VENICE FL 34285

6.3 STREET ADDRESS

CITY-STATE-ZIP

V

6.4 CITY-STATE-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:

C M FREEMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96
Date

941-485-7140
Daytime Phone #

CR2E034 (12/95)