

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -5 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M73029

(4)

1. Corporation Name

CTD, INC.

Principal Place of Business

137 TRADE WINDS CIRCLE
SOUTH DAYTONA FL 32119-2230

Mailing Address

137 TRADE WINDS CIRCLE
SOUTH DAYTONA FL 32119-2230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1988

3a. Date of Last Report

06/21/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2888766

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24

Zip

Country

29

30

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THELLMAN, FRED
137 TRADEWINDS CIRCLE
SOUTH DAYTONA FL 32019

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 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 of application)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THELLMAN, FRED
STREET ADDRESS 137 TRADE WINDS CIRCLE
CITY, ST, ZIP SOUTH DAYTONA FL

TITLE VP
NAME THELLMAN, JUDIE
STREET ADDRESS 137 TRADE WINDS CIRCLE
CITY, ST, ZIP SOUTH DAYTONA FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VP - ST
12 NAME THELLMAN, FRED
13 STREET ADDRESS 137 TRADEWINDS CIRCLE
14 CITY, ST, ZIP SOUTH DAYTONA, FL 32119

21 TITLE
22 NAME
23 STREET ADDRESS Omit - Thellman, Judie
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 record 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 as changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 June '95

904 446 6661