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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **327999** **(9)**

1. Corporation Name

**CF&S INC**

Principal Place of Business

**3421 MAGUIRE RD**
**P.O. BOX 229 ATTN: DAN J. STEELE**
**WINDERMERE FL 34786**
**US**

Mailing Address

**3421 MAGUIRE RD**
**P.O. BOX 229 ATTN: DAN J. STEELE**
**WINDERMERE FL 34786**
**US**

3. Date Incorporated or Qualified: **03/26/1968**

3a. Date of Last Report: **02/20/1995**

4. FEI Number: **59-1221748** ☐ 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

2. Principal Place of Business
21: 5265 ALHAMBRA DR
Suite, Apt. #, etc.
22: ATTN: DR. STEELE
City & State
23: ORLANDO, FLA.
Zip
24: 32808
Country
25:

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

9. Name and Address of Current Registered Agent

**STEELE, DAN J.**
**3421 MAGUIRE RD**
**WINDERMERE FL 32786**

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 607.1538, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | ☐ DELETE |
| NAME | STEELE, DAN J. | |
| STREET ADDRESS | 430 N. MAIN ST. | |
| CITY-ST-ZIP | WINDERMERE FL | |
| TITLE | PD | ☐ DELETE |
| NAME | CAGLE, DONALD R. | |
| STREET ADDRESS | 5265 ALHAMBRA DR. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | ☐ DELETE |
| NAME | FAUP, JACK | |
| STREET ADDRESS | 5265 ALHAMBRA DR. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1 TITLE | | ☐ Change ☐ Addition |
| 2 NAME | | |
| 3 STREET ADDRESS | | |
| 4 CITY-ST-ZIP | | |
| 5 TITLE | | ☐ Change ☐ Addition |
| 6 NAME | | |
| 7 STREET ADDRESS | | |
| 8 CITY-ST-ZIP | | |
| 9 TITLE | | ☐ Change ☐ Addition |
| 10 NAME | | |
| 11 STREET ADDRESS | | |
| 12 CITY-ST-ZIP | | |
| 13 TITLE | | ☐ Change ☐ Addition |
| 14 NAME | | |
| 15 STREET ADDRESS | | |
| 16 CITY-ST-ZIP | | |
| 17 TITLE | | ☐ Change ☐ Addition |
| 18 NAME | | |
| 19 STREET ADDRESS | | |
| 20 CITY-ST-ZIP | | |
| 21 TITLE | | ☐ Change ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is correct, further I have checked carefully 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 attached sheet, with my title or capacity.

**SIGNATURE:** Dan J Steele DAN J STEELE 3/24/96 407 293-9573

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