

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90062 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 368735

1. Corporation Name

C.P.M. OF GAINESVILLE, INC.

Principal Place of Business

P. O. BOX 1309
 1101 SE 15TH STREET
 GAINESVILLE FL 32601

Mailing Address

P. O. BOX 1309
 1101 SE 15TH STREET
 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1970

4. FEI Number

59-1482065

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

~~THE LOSEN, KAY S~~
~~7520 N.W. 18TH AVE~~
~~GAINESVILLE FL 32605~~

10. Name and Address of New Registered Agent

81 Name

WELLS S. THE LOSEN

82 Street Address (P.O. Box Number is Not Acceptable)

7520 N.W. 18TH AVENUE

83

84 City

GAINESVILLE,**FL**

85 Zip Code

32605

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

TITLE ☒ DELETE

NAME **PSD**
THE LOSEN, KAY S
 STREET ADDRESS **7520 N.W. 18TH AVE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ DELETE

NAME **V**
THE LOSEN, WILLY
 STREET ADDRESS **7520 N.W. 18TH AVE.**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME **VP**
THE LOSEN, WELLS S.
 STREET ADDRESS **7520 NW 18TH AVE**
 CITY-ST-ZIP **GAINESVILLE 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

1.1 TITLE

VP

1.2 NAME

ROBERT HARMEIER

1.3 STREET ADDRESS

7494 S.E. 7TH PLACE

1.4 CITY-ST-ZIP

TRENTON, FL 32693

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

352-376-4436

Date

Daytime Phone #

CR2E034 (1/98)