ALL INFO. FILING DUE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

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

AR3
FILED
95 MAY 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 397949 (9)

1. Corporation Name
C.M. & T., INC.

Principal Place of Business
1617 N FLAGLER DR
STE 5A
W PALM BCH FL 33407
US

Mailing Address
1617 N FLAGLER DR
STE 5A
W PALM BCH FL 33407
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1972
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business
21 1617 N. Flagler Dr
22 #5A
23 W. Palm Beach, FL
24 33407
25 U.S.A

26
27
28
29
30

4. FEI Number: 59-1371117 ☐ 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 been, for changes for which a filing is required by Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALDERMAN, II M
1617 N FLAGLER DR
STE 5A
W PALM BCH FL 33407

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 607.1941 and/or 617.1905, 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 of New Registered Agent, if Changed) (Date) (Signature of New Registered Agent, if Changed) (Date)

12. OFFICER AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	ALDERMAN, MORRIS H II	NAME	
STREET ADDRESS	1617 N FLAGLER DR STE 5A	STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	CITY-ST-ZIP	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	ALDERMAN, SYLVIA T	NAME	
STREET ADDRESS	1617 N FLAGLER DR STE 5A	STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	ALDERMAN, ALAN O.	NAME	
STREET ADDRESS	867 VILLAGE WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is absolutely complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 address.

SIGNATURE: Morris H Alderman II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 11, 1995 (407) 842-3237
Date Daytime Phone #

0248214 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 15 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 400673 (0)

1. Corporate Name
PARSONS & SONS, INC.

Principal Place of Business:
9891 ADAMS ROAD
WELLBORN FL 32094
US

Mailing Address:
9891 ADAMS ROAD
WELLBORN FL 32094
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 05/08/1972	3a. Date of Last Report: 02/15/1994
21	26	4. FEI Number: 59-1395344	Applied For / Not Applicable
22 Suite, Apt. # etc.	27 Suite, Apt. # etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. X Yes ☐ No	

9. Name and Address of Current Registered Agent

MCDAVID,TERRY
128 S. HERNANDO STREET
LAKE CITY FL 32055

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

12. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	PARSONS, MICHAEL
STREET ADDRESS	~~RT 2 BOX 215~~------
CITY-ST-ZIP	WELLBORN FL
TITLE	STD
NAME	PARSONS, MAMIE M.
STREET ADDRESS	~~RT 2 BOX 214~~------
CITY-ST-ZIP	WELLBORN 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

1.1 TITLE		XX Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	9893 ADAMS ROAD	
1.4 CITY-ST-ZIP	32094	
2.1 TITLE		XX Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	9897 ADAMS ROAD	
2.4 CITY-ST-ZIP	32094	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] MICHAEL PARSONS, PRES. 5/9/95 (904)963-2221

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