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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **477853** **(6)**

1. Corporation Name

C & M SERVICES, INC.

Principal Place of Business	Mailing Address
7301 BAYMEADOWS WAY P.O.BOX 44090 JACKSONVILLE FL 32231-4090	7301 BAYMEADOWS WAY P.O.BOX 44090 JACKSONVILLE FL 32231-4090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/16/1975**
3a. Date of Last Report: **02/09/1994**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

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

4. FEI Number: **59-1604943** ☐ 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

9. Name and Address of Current Registered Agent

FISH,THOMAS H
7301 BAYMEADOWS WAY
JACKSONVILLE FL 32216

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	PICKETT, JOE K.	12 NAME		
STREET ADDRESS	7301 BAYMEADOWS WAY	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE		
NAME	FISH, THOMAS H	22 NAME		
STREET ADDRESS	7301 BAYMEADOWS WAY	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	VTD	31 TITLE	/VTD	☒ Change ☐ Addition
NAME	~~JONATHAN R. POWELL~~	32 NAME	Betty L. Francis	
STREET ADDRESS	7301 BAYMEADOWS WAY	33 STREET ADDRESS	7301 Baymeadows Way	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL	
TITLE		41 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME		42 NAME	J. Elaine Harden	
STREET ADDRESS		43 STREET ADDRESS	7301 Baymeadows Way	
CITY-ST-ZIP		44 CITY-ST-ZIP	Jacksonville, FL	
TITLE		51 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME		52 NAME	Barbara L. Verderame	
STREET ADDRESS		53 STREET ADDRESS	7301 Baymeadows Way	
CITY-ST-ZIP		54 CITY-ST-ZIP	Jacksonville, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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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 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: Thomas H. Fish Thomas H. Fish, Secretary 3/30/94 (904) 281-3297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0023070 CP