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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:38

DOCUMENT # **484872** (7)

1. Corporation Name
C AND P SALES, INC.

Principal Place of Business	Mailing Address
4901 W HANNA AVE TAMPA FL 33634 US	8621 VIVIAN BASS WAY ODESSA FL 33556

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/03/1975
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business 21:
2a. Mailing Address 26: P.O. Box 15356, Tampa, Fl. 33684
4. FEI Number: 59-1621762 ☐ 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 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PORTER, TWILA S
8621 VIVIAN BASS WAY
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name: Twila S. Porter
82 Street Address (P.O. Box Number Is Not Acceptable): 4901 W. Hanna Ave
83:
84 City: Tampa Fl 33634 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: T. Twila Porter
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	PORTER, T. STARR	1.2 NAME	
STREET ADDRESS	8621 VIVIAN BASS WAY	1.3 STREET ADDRESS	4901 W. Hanna Ave
CITY-ST-ZIP	ODESSA FL 33556	1.4 CITY-ST-ZIP	Tampa, Fl. 33634
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	PORTER, J.G.	2.2 NAME	
STREET ADDRESS	4901 W HANNA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☒ Change ☐ Addition
NAME	PORTER, JAMES J	3.2 NAME	
STREET ADDRESS	8621 VIVIAN BASS	3.3 STREET ADDRESS	4901 W. Hanna Ave
CITY-ST-ZIP	ODESSA FL	3.4 CITY-ST-ZIP	Tampa, Fl. 33634
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: T. Twila Porter 1/25/95 86-886-0365
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING ON BEHALF OF CORPORATION OR LIMITED PARTNERSHIP — Date — Daytime Phone #

0207970 CP