

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 500972 (5)

1. Corporation Name

C.M.R., INC.

Previous Place of Business

**533 SOUTH HOWARD AVENUE
TAMPA FL 33606**

Current Address

**533 SOUTH HOWARD AVENUE
TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Changed
04/09/1976

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FET Number

59-1677159

Applied For

Not Applicable

22. State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23. City & State

City & State

**6. Election Campaign Financing
Trust Fund Contribution**

☐

**\$5.00 May Be
Added to Fees**

24. ZIP

25. Country

28. ZIP

30. Country

**8. This corporation has liability for intangible tax under S 199.032,
Florida Statutes**

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HOEY, CAROL M.
533 SOUTH HOWARD AVE.
TAMPA FL 33606-9057**

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 (f)(4); 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 607.05(5), Florida Statutes.

SIGNATURE

Carol M. Hoey Partner, G/M

2-6-95

12. OFFICERS AND DIRECTORS

1. TITLE	VSD
NAME	MENDEZ JR, CHARLES E
STREET ADDRESS	2 W WESLEY RD #8
CITY, ST, ZIP	ATLANTA GA
2. TITLE	DP
NAME	MENDEZ, YVONNE L.
STREET ADDRESS	2 W WESLEY RD #8
CITY, ST, ZIP	ATLANTA GA
3. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
4. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
5. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
6. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.1 NAME	
1.1 STREET ADDRESS	
1.1 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.1 NAME	
2.1 STREET ADDRESS	
2.1 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.1 NAME	
3.1 STREET ADDRESS	
3.1 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.1 NAME	
4.1 STREET ADDRESS	
4.1 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.1 NAME	
5.1 STREET ADDRESS	
5.1 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.1 NAME	
6.1 STREET ADDRESS	
6.1 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included on this corporation's report or tag and 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 127, Florida Statutes, and that my name appears on Block 13 or Block 14 is stamped on an attachment with an address.

SIGNATURE:

Yvonne L. Mendez **President**

2/15/95

404-816-2510