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| DOCUMENT # 549549 |
| 1. Entity Name CMH ENTERPRISES, INC. |

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90029 034 ***150.00

| | |
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| Principal Place of Business BOX 802 AUBURNDALE FL 33823 | Mailing Address BOX 802 AUBURNDALE FL 33823 |
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DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|--|---------------------------------------|
| 4. FEI Number 59-1790454 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent |
| NELSON, SCOTT C. 821 SHIRLEYANN TRAILS LAKELAND FL 33809 |

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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL |
| Zip Code |

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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. |
| SIGNATURE _____ |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |
| DATE _____ |

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> |
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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

| | |
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| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | | | | | | | | | | | |
| <table border="1"><tr><td>TITLE</td><td>PSD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>NELSON, SCOTT C.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>821 SHIRLEY ANN TRAILS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LAKELAND FL</td><td></td></tr></table> | TITLE | PSD | <input type="checkbox"/> Delete | NAME | NELSON, SCOTT C. | | STREET ADDRESS | 821 SHIRLEY ANN TRAILS | | CITY-ST-ZIP | LAKELAND FL | |
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| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | |
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

| | | |
|---|----------------|---------------------|
| SIGNATURE: | 1.03.01 | 863.665.2749 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SCOTT C. NELSON | Date | Daytime Phone # |

CR2E034 (10/00)