

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 02 1996 8:00 am
Secretary of State

DOCUMENT # 569772 (7)
1. Corporation Name
CMSF, INC.



Principal Place of Business
3550 COLONIAL BLVD
P.O. BOX 209
FORT MYERS FL 33906
US

Mailing Address
577 MULBERRY STREET
P.O. BOX 209
MACON GA 31296

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1978		3a. Date of Last Report 01/27/1995	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 58-1324269		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBERN, JOSEPH M.	1.2 NAME	
STREET ADDRESS	3414 PEACHTREE ROAD N.E. SUITE 1400	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, GLENN A	2.2 NAME	
STREET ADDRESS	577 MULBERRY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MACON, GA 00000	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAULEY, JOHN C	3.2 NAME	
STREET ADDRESS	577 MULBERRY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MACON, GA 00000	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SHAUGHNESSY, JON C.	4.2 NAME	
STREET ADDRESS	3414 PEACHTREE ROAD, N.E. SUITE 1400	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILUSH, JAMES M	5.2 NAME	
STREET ADDRESS	577 MULBERRY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MACON, GA 00000	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, CHARLOTTE A	6.2 NAME	
STREET ADDRESS	3414 PEACHTREE ROAD, NE. SUITE 1400	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 912-742-1161

Date

Daytime Phone #

CR2E034 (12/95)

1996 CORPORATION ANNUAL REPORT

FOR

CMFS, INC.

ADDITIONAL OFFICERS:

**VP- Risk Management
John C. McCauley
577 Mulberry Street
Macon, GA 31298**

**Assistant Secretary
James R. Bedenbaugh
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326**

**Assistant Secretary
Cherie M. Fuzzell
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326**

**Assistant Secretary
Kirk D. McConnell
3414 Peachtree RD NE
Suite 1400
Atlanta, GA 30326**

**Executive VP
Martin Schappell
3550 Colonial Blvd
Ft Myers, FL 33912**