

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G24788

(3)

1. Corporation Name

C.P.M. CONTRACTORS, INC.

Principal Place of Business

6594-A LANTANA RD  
LAKE WORTH FL 33463

Mailing Address

6594-A LANTANA RD  
LAKE WORTH FL 33467-6577

3. Date Incorporated or Qualified  
02/18/1983

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 6550 N FEDERAL HWY

Suite, Apt. #, etc.

22 220

City & State

23 FT. LAUDERDALE FL

Zip

24 33308

Country

2a. Mailing Address

26 6550 N FEDERAL HWY

Suite, Apt. #, etc.

27 SUITE 220

City & State

28 FT LAUDERDALE FL

Zip

29 33308

Country

30

4. FEI Number

59-2266047

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

MEDEMA, ELROY D  
6550 N. FEDERAL HWY  
SUITE 220  
FT LAUDERDALE FL 33308

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDST ☐ DELETE

NAME MIEDEMA, ELROY D  
STREET ADDRESS 6550 N. FEDERAL HWY 220  
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE V ☒ DELETE

NAME SIMONSON, RANDOLPH J  
STREET ADDRESS 8384 BLUE CYPRESS DRIVE  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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: ELROY D. MIEDEMA

4/29/97 954-722-7288

CR2E034 (9/96)