FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR 11 PM 3:44

DOCUMENT # **G43988** **(6)**

1. Corporation Name
CMT FLORIDA RESIDENTIAL SERVICES, INC.

Principal Place of Business	Mailing Address
7130 ESTERO BLVD ATTN E KLEMENTS FT. MYERS FL 33931 US	P O BOX 6600 ATTN E KLEMENTS CLEARWATER FL 34618 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/16/1983
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 13-3170879 ☐ 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

~~HIGGINS, JOHN F~~
~~100 SECOND AVENUE SOUTH STREET~~
~~12TH FLOOR~~
~~PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name: Morris A. LeCompte, Esquire
82 Street Address: 100 Second Avenue South
83: City Center - 12th Floor
84 City: St. Petersburg **FL** 85 Zip Code: 33701

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: Morris A. LeCompte — Signature, typed or printed name of registered agent and title if applicable
Morris A. LeCompte — (NOTE: Registered Agent signature required when reinstating)
DATE: 2/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	COPE, RICHARD	1.2 NAME	
STREET ADDRESS	19353 US HWY 19 N SUITE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	TOOKE, EDWIN C.	2.2 NAME	
STREET ADDRESS	19353 US HWY 19 NORTH SUITE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MUELLER, JAMES G.	3.2 NAME	
STREET ADDRESS	2101 W. COMMERCIAL BLVD. # 4000	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	TAS	4.1 TITLE	☐ Change ☐ Addition
NAME	STICCO, LEWIS A	4.2 NAME	
STREET ADDRESS	19353 US HWY 19 NORTH SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	CONN, DAVID C	5.2 NAME	
STREET ADDRESS	7130 ESTERO BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	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: L. A. Sticco — Lewis A. Sticco — 4/6/95 — 813/538-5468
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0370267 CP