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Feb 28 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 # **G43988** (6)

1. Corporation Name
CMT FLORIDA RESIDENTIAL SERVICES, INC.



Principal Place of Business

**7130 ESTERO BLVD
ATTN E KLEMENTS
FT. MYERS FL 33931
US**

Mailing Address

**P O BOX 6800
ATTN E KLEMENTS
CLEARWATER FL 34618-6800
US**

3. Date Incorporated or Qualified **06/16/1983** 3a. Date of Last Report **04/09/1996**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MORRIS A LECOMTE, ESQ
100 SECOND AVENUE
CITY CENTER 12TH FLOOR
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name **Jill Fisher Powers-Esquire**

82 Street Address (P.O. Box Number is Not Acceptable)
19353 US HWY 19 N.

83 Suite **100**

84 City **Clearwater**

85 Zip Code **FL 34624**

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 **Jill Fisher Powers-Esquire**

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

2/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD COPE, RICHARD**
STREET ADDRESS **19353 US HWY 19 N SUITE 100**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME **DS TOOKE, EDWIN C.**
STREET ADDRESS **19353 US HWY 19 NORTH SUITE 100**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME **VD MUELLER, JAMES G.**
STREET ADDRESS **7100 COMMERCIAL BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME **TAS STICCO, LEWIS A**
STREET ADDRESS **19353 US HWY 19 NORTH SUITE 100**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME **V CONN, DAVID C**
STREET ADDRESS **7130 ESTERO BLVD**
CITY-ST-ZIP **FT MYERS BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **V Conn, David C.**
5.3 STREET ADDRESS **4061 Bonita Beach Rd. #207**
5.4 CITY-ST-ZIP **Bonita Springs, Fl. 34134**

6.1 TITLE ☐ Change ☐ Addition
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: **Lewis A. Sticco**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 538-5468

CR2E034 (9/96)