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Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 33901
US

Mailing Address

P O BOX 6800
ATTN E KLEMENTS
CLEARWATER FL 34616
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1983

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

FISHER POWERS, JILL E
19353 US HWY 19 N.
SUITE 100
CLEARWATER FL 34624

33764

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

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 4061 BONIA BEACH RD., #207
CITY-ST-ZIP BONIA SPRINGS 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

33764

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33764

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

33319

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

33764

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Charles Richardson
4061 BONITA BEACH RD. # 207
BONITA SPRINGS, FL 34134

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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. Simon, Secretary 4/16/98 918/538-5468

CR2E034 (10/97)