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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90054 032 ***150.00

DOCUMENT # G48321

1. Corporation Name

C.G.M. ENTERPRISES, INC.

Principal Place of Business

4908 OAK FAIR BLVD.

STE. 106

TAMPA FL 33610

Mailing Address

3826 SPRUCE PINE DRIVE
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1983

4. FEI Number

59-2307266

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

3826 Spruce Pine Dr

Suite, Apt. #, etc.

22

City & State

VALRICO, FL

23

Zip

33594

Country

USA

25

2a. Mailing Address

3826 Spruce Pine Dr

Suite, Apt. #, etc.

26

City & State

VALRICO, FL

27

Zip

33594

Country

USA

29

9. Name and Address of Current Registered Agent

MCCLENDON, W. DOUGLAS
3826 SPRUCE PINE DR.
VALRICO FL 33594

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 agent 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME MCCLENDON, W. DOUGLAS
STREET ADDRESS 3826 SPRUCE PINE DRIVE
CITY-STATE-ZIP VALRICO FL 33594

TITLE VS ☐ DELETE

NAME MCCLENDON, GAYLE C.
STREET ADDRESS 3826 SPRUCE PINE DRIVE
CITY-STATE-ZIP VALRICO FL 33594

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: W. Douglas McClellon W. Douglas McClellon 4/26/99 801-749-9209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)