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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G53404

1. Corporation Name

CBMB,INC.

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Principal Pla	ice of	Bu	si	nes	Ś

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90044 039 ***150.00



i ilitoipai i idoo	e or business	Mailing Address							
3010 S THIRD ST STE A 3010 S THIRD ST STE A JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250		DO NOT WRITE IN THIS SPACE							
					3. Date Incorporated or Qualifed				
					08/05/1983				
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For				
21		26			59-2311421 Not Applicable				
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired — \$8.75 Additional — Fee Required — -				
22 _	The state of the second second	27	***************************************		1 de requied				
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	nuy	8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No				
24	25	Desistered Amont	30		Personal Property Tax.				
	9. Name and Address of Current	Registered Agent		81 Nam					
ΡΔΤΤ	TERSON, LAWRENCE R.								
	S THIRD ST STE A	•		82 Stre	2 Street Address (P.O. Box Number is Not Acceptable)				
	KSONVILLE BEACH FL 32250			02					
JACK	NOOTVILLE BEAUTIFE DE200			83					
				84 City	85 Zip Code				
					FL T T T T T T T T T				
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the al	bove-name I by the co	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered				
agent. I ar	egistered agent, or both, in the State of medical from the state of the fight in familiar with, and accept the obligation in the state of the state	ons of, Section 607.0505, FI	orida Stati	utes.	policino de di				
SIGNATURE					·				
3.3.4.70112	Signature, typed or printed name of registered agent	- · · · · · · · · · · · · · · · · · · ·		Agent signatu	a required when reinstating) DATE DESCRIPTION OF THE PROPERTY OF THE PROPERT				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	Р	DELETE	1.1 TE		☐ Change ☐ Addupon [
NAME	HORINE, ROBERT L		1.2 NA						
STREET ADDRESS	116 CAMINO TRAIL		1.3 ST	REET ADDRE	s				
CITY-ST-ZIP	PONTE VEDRA BCH, FL00000		1.4 CT	TY-ST-ZIP					
TITLE	DST	☐ DELETE	2.1 TIT	TLE	☐ Change ☐ Addition				
NAME	HORINE, CYNTHIA T		2.2 NA	ME					
STREET ADDRESS	116 CAMINO TRAIL		2.3 ST	REET ADDRE	s				
-CITY-ST-ZIP	PONTE VEDRA BCH, FL00000-	وما جم <u>سيتمتر ما</u> ري	2.4 C	ITY+ST-ZIP -	الراءوران والماور فيهم المحتصرات المؤكر ومستقم المستحد المحدان والمتكافئة المستحد والمتاكم				
TITLE	AS -	☐ DELETE	3.1 TI	ī\E	☐ Change ☐ Addition				
NAME	PATTERSON, LAWRENCE R		3.2 N	ME					
STREET ADDRESS	3010 S 3RD ST. STE A		3.3 \$1	REET ADDRE	s				
į.	JACKSONVILLE BCH,FL00000			ITY-ST-ZIP	·				
CITY-ST-ZIP	CACAGOTTILLE BOTTA EDUCATION	☐ DELETE	4,1 TF		☐ Change ☐ Addition				
l l			4.2 N						
NAME				REET ADDRE					
STREET ADDRESS	•				×				
CITY-ST-ZIP		☐ DELETE	4.4 CI	TY-ST-ZIP	☐ Change ☐ Addition				
TITLE		☐ OCTOR	5.1 H						
NAME					e				
STREET ADDRESS		,		REET ADORÉ	9				
CITY-ST-ZIP			5.4 CI 6.1 TI	TY-ST-ZIP	Chara C Addition				
			■ 61 TU						
TITLE		☐ DELETE			Change Addition				
TITLE		L: DELETE	6.2 N	AME	- · · ·				
1		LI DELETE	6.2 N		- · · · ·				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this annual report or supplemental annual report is true and accurate and that my signature shall, officer or director of the corporation or the receiver or trustee empowered to execute this report as required in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an 607, Florida Statutes; and that my name appears in

1.904-285-7333

CITY-ST-ZIP