SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H11632** **(7)**

1. Corporation Name
CPP UNLIMITED, INC.

Principal Place of Business	Mailing Address
513 HAINES CITY MALL HAINES CITY FL 33844 US	513 HAINES CITY MALL HAINES CITY FL 33844 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/25/1984**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **59-2416030**	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28: Livonia, MI	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / County 25	Zip 29: 48150 / County 30: U.S.	7. This corporation was subject to intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROEHRIG, THOMAS 3710 NEW TAMPA HIGHWAY LAKELAND FL 33801	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 _____ Name (Registered Agent typed or printed) _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CALHOUN, DAVID	1.2 NAME	
STREET ADDRESS	3781 BRISTOL	1.3 STREET ADDRESS	
CITY ST ZIP	TROY MI	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PICARSKI, JOSEPH	2.2 NAME	
STREET ADDRESS	33237 SOMERSET	2.3 STREET ADDRESS	
CITY ST ZIP	STERLING HIGHTS MI	2.4 CITY ST ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	ROEHRIG, DENNIS	3.2 NAME	
STREET ADDRESS	652 KINGSLEY TRAIL	3.3 STREET ADDRESS	
CITY ST ZIP	BLOOMFIELD HILLS MI 48304	3.4 CITY ST ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	ROEHRIG, THOMAS	4.2 NAME	
STREET ADDRESS	3710 NEW TAMPA HWY.	4.3 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL 33801	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		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	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is absolutely true and correct 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: _____ Title _____ Telephone Number

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0116332 FF