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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H21898

1. Corporation Name

C & MR ENTERPRISES, INC.

Principal Place of Business

109 SOUTH BOULEVARD EAST
P O BOX 703
CHIPLEY FL 32428-7703

Mailing Address

109 SOUTH BOULEVARD EAST
P O BOX 703
CHIPLEY FL 32428-7703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1984

4. FEI Number

59-2446739

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

21 1040 MAIN ST.

2a. Mailing Address

26 P.O. Box 703

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CHIPLEY, FL

City & State

28 CHIPLEY, FL

Zip

Country

24 32428 25 USA

Zip

Country

29 32428 30 USA

9. Name and Address of Current Registered Agent

REGISTER, CATHY
109 SOUTH BOULEVARD EAST
P O BOX 703
CHIPLEY FL 32428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1040 MAIN ST.

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
REGISTER, CATHY
STREET ADDRESS **POB 703, 109 S BLVD E**
CITY-ST-ZIP **CHIPLEY FL**

TITLE ☐ DELETE

NAME **DST**
REGISTER, MARK A.
STREET ADDRESS **POB 703, 109 S BLVD E**
CITY-ST-ZIP **CHIPLEY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DP ☒ Change ☐ Addition

REGISTER, CATHY
PO BOX 703, 1040 MAIN ST
CHIPLEY, FL 32428

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DST ☒ Change ☐ Addition

REGISTER, MARK A.
PO BOX 703, 1040 MAIN ST
CHIPLEY, FL 32428

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/99

850-638-4398

Date

Daytime Phone #

CR2E034 (11/98)