

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # H78606 (1)

1. Corporation Name

C & S MANAGEMENT SERVICES, INC.



Principal Place of Business

**3026 CHRIS LANE
ORLANDO FL 32806**

Mailing Address

**3026 CHRIS LANE
ORLANDO FL 32806**

3. Date Incorporated or Qualified
10/01/1985

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2579871

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 has liability for 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

**WILSON, JAY M.
3200 PERSHING AVENUE
ORLANDO FL 32806**

81

Name

JAY M. WILSON

82

Street Address (P.O. Box Numbers Not Acceptable)

3026 CHRIS LANE

83

84

City

ORLANDO, FLA.

FL

85

Zip Code

32806

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 state of residence)

(If 11b, Registered Agent Signatures required, please attach)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VD

**WILSON, JAY M.
3026 CHRIS LANE
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D

**WILSON, CAROL P.
3026 CHRIS LANE
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

☐ Change

☐ Addition

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

☐ Change

☐ Addition

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

☐ Change

☐ Addition

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

☐ Change

☐ Addition

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

☐ Change

☐ Addition

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96 407-855-6475

CR2E034 (12/95)