

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J00150 (9)

1. Corporation Name
C.S.O., INC.



Principal Place of Business
4960 LAKELAND COMMERCE PARKWAY
P O BOX 91358
LAKELAND FL 33804

Mailing Address
4960 LAKELAND COMMERCE PARKWAY
P O BOX 91358
LAKELAND FL 33804

3. Date Incorporated or Qualified
02/19/1986

3a. Date of Last Report
04/11/1995

2. Principal Place of Business
21 2940 U.S. Hwy 92 East

2a. Mailing Address
26 Post Office Box 91358

4. FEI Number
59-2636733

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State
23 LAKELAND, FLORIDA

27 City & State
28 LAKELAND, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip
33801

Country
Polk

29 Zip
33804

30 Country
Polk

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

SZAROWICZ, DANIEL P.
103 1/2 DOUGLAS RD.
OLDSMAR FL 34677

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

Signature typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent Signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, PATRICK M.	
STREET ADDRESS	1755 DESOTO RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SZAROWICZ, E. MICHAEL	
STREET ADDRESS	103 1/2 DOUGLAS RD.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SZAROWICZ, DANIEL P.	
STREET ADDRESS	103 1/2 DOUGLAS RD.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS PRONDERMAN	
1.3 STREET ADDRESS	6923 CRENS LAKE HILLS LOOP EAST	
1.4 CITY-ST-ZIP	LAKELAND, FL 33803	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: X E. Michael Szarowicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 865-5726
Daytime Phone #

CR2E034 (12/95)