

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 # **J16474** (5)
1. Corporation Name
CLM/CONFIGURATION LOGISTICS MANAGEMENT INC.



Principal Place of Business
**5225 SOUNDSIDE DR.
GULFBREEZE FL 32561
US**

Mailing Address
**5225 SOUNDSIDE DR
GULFBREEZE FL 32561
US**

3. Date Incorporated or Qualified
05/28/1986

3a. Date of Last Report
04/10/1995

2. Principal Place of Business
21 **3196 ELCANO LN**
Suite, Apt. #, etc.
22
City & State
23 **CANTONMENT FL**
Zip
24 **32533** Country
25 **FLORIDA**

2a. Mailing Address
26 **3196 ELCANO LN**
Suite, Apt. #, etc.
27
City & State
28 **CANTONMENT FL**
Zip
29 **32533** Country
30 **FLORIDA**

4. FEI Number
59-2679360

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

**MCCARTHY, EUGENE J.
5225 SOUNDSIDE DR
GULFBREEZE FL 32561**

81 Name
MCCARTHY EUGENE J

82 Street Address (P.O. Box Number is Not Acceptable)
3196 ELCANO LN.

83

84 City
CANTONMENT **FL** 85 Zip Code
32533

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 the corporation

(NOTE: Registered Agent's signature required after transacting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	MCCARTHY, EUGENE J	5225 SOUNDSIDE DR	GULFBREEZE FL	
VD	MCCARTHY, OMA F	5225 SOUNDSIDE DR	GULFBREEZE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3196 ELCANO LN	CANTONMENT FL 32533	
2. TITLE	2. NAME	2. STREET ADDRESS	2. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3196 ELCANO LN	CANTONMENT FL 32533	
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Eugene J. McCarthy **EUGENE J. MCCARTHY**

Date

5/23/96 904 931-0853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)