

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J16474 (5)
1. Corporation Name
CLM/CONFIGURATION LOGISTICS MANAGEMENT INC.

Principal Place of Business
3196 ELCANO LANE
CANTONMENT FL 32533
US

Mailing Address
3196 ELCANO LANE
CANTONMENT FL 32533
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11409 Highspring RD Suite, Apt. #, etc. 22 City & State 23 PENSACOLA Florida 24 32534 25 ESCAMBIA		2a. Mailing Address 26 11409 Highspring RD Suite, Apt. #, etc. 27 City & State 28 PENSACOLA Florida 29 32534 30 ESCAMBIA		3. Date Incorporated or Qualified 05/28/1986	4. FEI Number 59-2679360	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

8. Name and Address of Current Registered Agent MCCARTHY, EUGENE J. 3196 ELCANO LANE CANTONMENT FL 32533		10. Name and Address of New Registered Agent 81 Name MICHAEL J. MCCARTHY 82 Street Address (P.O. Box Number is Not Acceptable) 11409 Highspring RD 83 84 City PENSACOLA FL 85 Zip Code 32534	
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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  MICHAEL J. MCCARTHY 3-31-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, EUGENE J	1.2 NAME	
STREET ADDRESS	3196 ELCANO LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, MICHAEL J	2.2 NAME	
STREET ADDRESS	11409 HIGH SPRINGS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, OMA F	3.2 NAME	
STREET ADDRESS	3196 ELCANO LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE  MICHAEL J. MCCARTHY 3-31-98-850-469-0036

CR2E034 (10/97)