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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J27422 (1)

1. Corporation Name
CMS CORPORATION OF WINTER HAVEN, INC.

Principal Place of Business
701 AVE "N" S.E.
WINTER HAVEN FL 33883-7607
US

Mailing Address
PO BOX 7607
WINTER HAVEN FL 33883-7607
US



2. Principal Place of Business
21 3200 Hwy 27 S.
Suite, Apt. #, etc.
22
City & State
23 HAINES City, FL
Zip Country
24 33844 25 POLK
2a. Mailing Address
26 PO Box 7607
Suite, Apt. #, etc.
27
City & State
28 WINTER HAVEN, FL
Zip Country
29 33883 30 POLK

3. Date Incorporated or Qualified
08/04/1986
3a. Date of Last Report
04/30/1996
4. FEI Number
59-2805881
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

SHERRARD, CHARLES M.
701 AVE N SE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

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 *Charles M. Sherrard* CHARLES M. SHERRARD PRES. 1-10-97
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 PD
NAME SHERRARD, CHARLES M.
STREET ADDRESS 701 AVE "N" S.E.
CITY-ST-ZIP WINTER HAVEN FL
TITLE VPD
NAME SHERRARD, KATHRYN A.
STREET ADDRESS 3837 GAINES CT.
CITY-ST-ZIP WINTER HAVEN FL
TITLE VSTD
NAME SHERRARD, CHARLES W.
STREET ADDRESS 3837 GAINES CT.
CITY-ST-ZIP WINTER HAVEN FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Charles M. Sherrard* CHARLES M. SHERRARD 1-10-97 941 439-7376
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)