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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J27422**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3200 HWY 27 S, HAINES CITY FL 33844, US
 Mailing Address: PO BOX 7607, WINTER HAVEN FL 33883-7609, US

3. Date Incorporated or Qualified: **08/04/1986**
 4. FEI Number: **59-2805881**
 5. Certificate of Status Desired: Applied For, Not Applicable
 6. Election Campaign Financing: \$8.75 Additional Fee Required, \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes, No

2. Principal Place of Business (21-23): Suite, Apt. #, etc., City & State, Zip, Country
 2a. Mailing Address (26-30): Suite, Apt. #, etc., City & State, Zip, Country

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 (81-85): Name, Street Address (P.O. Box Number is Not Acceptable), City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHERRARD, CHARLES M.	
STREET ADDRESS	701 AVE "N" S.E.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SHERRARD, KATHRYN A.	
STREET ADDRESS	3837 GAINES CT.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	SHERRARD, CHARLES W.	
STREET ADDRESS	3837 GAINES CT.	
CITY-ST-ZIP	WINTER HAVEN FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: *Charles M Sherrard* CHARLES M SHERRARD 2/27/99 439 2776
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)