

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:57

DOCUMENT # J35761 (2)

1. Corporation Name

C. E. P. INCORPORATED

Principal Place of Business

1055 CHENEY HWY  
P.O. BOX 2954  
TITUSVILLE FL 32781-9954

Mailing Address

1055 CHENEY HWY  
P.O. BOX 2954  
TITUSVILLE FL 32781-9954

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/29/1986

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2744433

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONER, DOUGLAS W.  
1055 CHENEY HWY  
TITUSVILLE FL 32781

P.O. Box 2954  
32781

81 Name

Stoner, Douglas W.

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

1055 CHENEY HWY.

83

P.O. Box 2954

84 City

Titusville

FL

85 Zip Code

32781

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]*

(NOTE: Registered Agent signature required when reinstating)

5/5/95

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                    |
|-----------------|--------------------|
| TITLE           | P                  |
| NAME            | MAYNARD, CLAYTON   |
| STREET ADDRESS  | 1055 CHENEY HWY    |
| CITY - ST - ZIP | TITUSVILLE FL      |
| TITLE           | VP                 |
| NAME            | STONER, DOUGLAS W. |
| STREET ADDRESS  | 1055 CHENEY HWY    |
| CITY - ST - ZIP | TITUSVILLE FL      |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |

|                     |                       |                                                                                         |
|---------------------|-----------------------|-----------------------------------------------------------------------------------------|
| 1.1 TITLE           | P Maynard, Clayton    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 1.2 NAME            | 1055 CHENEY HWY.      |                                                                                         |
| 1.3 STREET ADDRESS  | P.O. Box 2954         |                                                                                         |
| 1.4 CITY - ST - ZIP | Titusville, FL 32781  |                                                                                         |
| 2.1 TITLE           | VP Stoner, Douglas W. | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | 1055 CHENEY HWY.      |                                                                                         |
| 2.3 STREET ADDRESS  | P.O. Box 2954         |                                                                                         |
| 2.4 CITY - ST - ZIP | Titusville, FL 32781  |                                                                                         |
| 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

5/5/95

(DATE)

(Signature Name)