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

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** J41724

COMMAND ENTERPRISE CORP.

Mailing Address Principal Place of Business 1880 S. US HIGHWAY 19 1880 S. US HIGHWAY 19 P.O. BOX 520 P.O. BOX 520 MONTICELLO FL 32345-0620 MONTICELLO FL 32344 3. Date Incorporated or Qualified 3a. Date of Last Report 11/12/1986 03/05/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-2752858 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIAMOND, J. % COMMAND ENTERPRISE CORP. 82 Street Address (P.O. Box Number is Not Acceptable) 1880 S. US HWY. 19 **B**3 MONTICELLO FL 32344 64 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 Signature, typed or printed name of registered agent and title it ripplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1 1 TITLE TITLE NAME DIAMOND, J. 1.2 NAME 1880 S. US HWY. 19 1.3 STREET ADDRESS STREET ADORESS MONTICELLO FL CITY-ST-2IF 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE ST DIAMOND, S. 2.2 NAME NAME 1880 S. US HWY. 19 2 3 STREET ADDRESS STREET ADDRESS MONTICELLO FL CITY-ST-ZIP 2. 4 City - ST - ZIP DELETE Channe Addition 3.1 TITLE TIZLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAM: 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST- ZIP CHY-ST-ZIF DELETE 5.1 TITLE Change Addition THILE NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** 5 4 CITY - ST-ZIP CITY - ST - ZIF titue DELETE 6.1 TITLE Change \_\_\_ Addition NAME 62 NAME

> 6.3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block

STREET ADDRESS

CITY - ST - ZIP

REQUIRED

inged, or on an attachment with an address.

14. I do hereby cert ly 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

(96/6)

**FILED** 

Jan 29 1997 8:00am

Secretary of State