

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 29 1997 8:00am  
Secretary of State

DOCUMENT # **J49857** (2)  
1. Corporation Name  
**C/M LINES, INC.**

Principal Place of Business Mailing Address  
**801 CODISCO WAY** **801 CODISCO WAY**  
**SANFORD FL 32771** **SANFORD FL 32771-0652**

3. Date Incorporated or Qualified **12/24/1986** 3a. Date of Last Report **02/22/1996**  
4. FEI Number **59-1567230** 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

**PHALIN LAWRENCE J**  
**225 E ROBINSON STREET**  
**SUITE 600**  
**ORLANDO FL 32802**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	<b>BROECKELMANN, RUSSELL G</b>	<b>801 CODISCO WAY</b>	<b>SANFORD FL</b>	<input checked="" type="checkbox"/>
DC	<b>KRUPP, MICHAEL R</b>	<b>602 PARK POINT DRIVE, SUITE 105</b>	<b>GOLDEN CO</b>	<input checked="" type="checkbox"/>
DVST	<b>HOLCOMB, CHARLES N</b>	<b>602 PARK POINT DRIVE, SUITE 105</b>	<b>GOLDEN CO</b>	<input checked="" type="checkbox"/>
AS	<b>OWEN, KATHY</b>	<b>602 PARK POINT DRIVE, SUITE 105</b>	<b>GOLDEN CO</b>	<input checked="" type="checkbox"/>
AS	<b>WELBORN, BONNIE</b>	<b>801 CODISCO WAY</b>	<b>SANFORD FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>President</b>	<b>Nelles, Mark A.</b>	<b>601 Codisco Way</b>	<b>Sanford, FL 32771</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>VP/Sec</b>	<b>Walker, James P.</b>	<b>601 Codisco Way</b>	<b>Sanford, FL 32771</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE: **J.P. Walker, VP/Sec**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97  
Date

(407) 323-8500  
Daytime Phone #

CR2E034 (9/96)