

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K20458

(1)

1. Corporation Name
CSH MINI NO. 1, INC.

Principal Place of Business

**% W. F. SIMONET
400 N FERN CREEK AVE
ORLANDO FL 32803**

Mailing Address

**% W. F. SIMONET
400 N FERN CREEK AVE
ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/04/1988

3a. Date of Last Report
03/11/1994

4. FCI Number
59-2889570

Applied Fee
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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 6327 Edgewater drive

City & State

23

City & State

28 Orlando, FL

Zip

Country

24

Zip

Country

29 32810

30

9. Name and Address of Current Registered Agent

**SIMONET, W. F.
400 N FERN CREEK AVE
ORLANDO FL 32803**

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

DP
HOLMES, JAMES
WFS 400 N FERN CREEK AVE
ORLANDO FL

DST
CHAMBERS, W. GLENN
WFS 400 N FERN CREEK AVE
ORLANDO FL

NAME
STREET ADDRESS
CITY ST ZIP

NAME
STREET ADDRESS
CITY ST ZIP

NAME
STREET ADDRESS
CITY ST ZIP

NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY ST ZIP

2 1 TITLE ☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY ST ZIP

3 1 TITLE ☐ Change ☐ Addition

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY ST ZIP

4 1 TITLE ☐ Change ☐ Addition

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY ST ZIP

5 1 TITLE ☐ Change ☐ Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY ST ZIP

6 1 TITLE ☐ Change ☐ 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 110.07(3)(b), 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:

James G. Holmes
James G. Holmes

James G. Holmes
James G. Holmes
3-30-95
407 779 8940