FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jul 12 1996 8:00 am
Secretary of State

DOCUMENT # K84337 (0)

1. Corporation Name

CFL HOLDING, INC.

Principal Place of Business
1602 NORTH MILLS AVE.
P. O. BOX 536548
ORLANDO FL 32853-3548

Mailing Address
1602 NORTH MILLS AVE.
P. O. BOX 536548
ORLANDO FL 32853-3548

3. Date Incorporated or Qualified: 05/01/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3015572 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

PULZIFER, THOMAS
1602 NORTH MILLS AVE.
ORLANDO FL 32803

10. **Name and Address of New Registered Agent**

81 Name: MCEWAN II, JOHN S.
82 Street Address (P.O. Box Number is Not Acceptable): 108 E. CENTRAL AVE.
83
84 City: ORLANDO FL 85 Zip Code 32801

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]
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	DVP	☐ DELETE
NAME	PULSIFER, JOHN M., III	
STREET ADDRESS	2502 LAKE MARGARET DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	☐ DELETE
NAME	PULSIFER, THOMAS S.	
STREET ADDRESS	1602 N. MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	PULSIFER, JOHN M. IV	
STREET ADDRESS	2500 LAKE MARGARET DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	☐ DELETE
NAME	PULSIFER, BRIDGET A.	
STREET ADDRESS	1602 N. MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	400001840634	
5.4 CITY-ST-ZIP	-05/28/96--01030--003 ***1200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	7-12-96	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/18/96 407 896 3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #