

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K94460** (8)

1. Corporation Name

CSB, INC.



Principal Place of Business

**% WILLIAM W. CALDWELL
744 BEACHLAND BLVD
VERO BEACH FL 32963**

Mailing Address

**% WILLIAM W. CALDWELL
744 BEACHLAND BLVD
VERO BEACH FL 32963**

2. Principal Place of Business

21 **c/o William W. Caldwell**

Suite, Apt. #, etc.

22 **756 Beachland Blvd.**

City & State

23 **Vero Beach, FL**

Zip

24 **32963**

Country

25 **US**

2a. Mailing Address

26 **c/o William W. Caldwell**

Suite, Apt. #, etc.

27 **P.O. Box 3686**

City & State

28 **Vero Beach, FL**

Zip

29 **32964**

Country

30 **US**

3. Date Incorporated or Qualified

06/08/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0132350

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

g. Name and Address of Current Registered Agent

**CALDWELL, WILLIAM W.
756 BEACHLAND BLVD
VERO BEACH FL 32963**

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 date of appointment)

(Note: Registered Agent signature required when registration is changed.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SORENSEN, J. DALE
622 BEACHLAND BLVD
VERO BEACH FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. DALE SORENSEN

4/1/96

407-231-6144

CR2E034 (12/95)