

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90066 005 ***158.75

0119901

DOCUMENT # L33255

1. Corporation Name
CFS INDUSTRIES, INC.

Principal Place of Business
P.O. BOX 410459
6005 N WICKHAM RD UNIT D012
MELBOURNE FL 32941-7459

Mailing Address
P.O. BOX 410459
6005 N WICKHAM RD UNIT D012
MELBOURNE FL 32941-7459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/27/1989

4. FEI Number
59-2988280

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 P.O. Box 410459
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 410459
Suite, Apt. #, etc.

22 1316 BERRI Patch PL Ste 2
City & State
23 MELBOURNE, FL

27
City & State
28 Melbourne, FL

24 32935 25 USA

29 32941 30 USA

9. Name and Address of Current Registered Agent

WRIGHT, HOWELL V
120 TWIN RIVERS DRIVE
MERRITT ISLAND FL 32952

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 *Howell V. Wright* *Howell V. Wright* *President* *1-12-99*
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	DELETE
D	WRIGHT, LESIA W	120 TWIN RIVERS DRIVE	MERRITT ISLAND FL 32952	<input type="checkbox"/>
VP	WRIGHT, HOWELL V	120 TWIN RIVERS DR	MERRITT ISLAND FL 32952	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Howell V. Wright* *Howell V. Wright* 1-12-99 407-453-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)