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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L54031

(4)

CMI OF CLAY COUNTY, INC.

FILED
Feb 27 1997 8:00am
Secretary of State

- }001)70) QEC 7000 0100 00101		

	e of Business	Mailing Address				I \$601.411 031 41111 01011 00189 11101 110	i minii niāšt ži	#11 E1E11 0101	(9791) 1991
2575 CR 220 S 4215 SOUTHPO DOCTORS INLE	DINT BLVD. SUITE 100	2575 CR 220 SUITE 10 4215 SOUTHPOINT BLV DOCTORS INLET FL 32	/D. SUITE 10	10					
						3. Date Incorporated or Qualified 03/01/1990	1	e of Last F 9/1996	Report
2. Poncipal F	acci of Business	2a. Mailing Address				4. FEI Number		Α	pplied For
21		26		<u>-</u>		59-2994500			ot Applicable
Sude, Apt	#, etc	Suite, Apt. #, etc				5. Certificate of Status Desired			Additional lequired
City & Stat-	63	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	<u> </u>	Added	to Fees
Zp	• Country	Zφ	├ ──	intry		8. This corporation has liability for			s. 199.032,
4	25	[29]	30	1			Yes [
	, 9. Name and Address of Curre	nt Hegistered Agent		81	Name	10. Name and Address of New Re	gistered A	gent	·
	BACHER, BARRY B.			"	INATILE				
	S SOUTHPOINT BLVD.			82	Street Ado	dress (P.O. Box Number is Not Accepta	ble)		
	E 100			02			· · · · · · · · · · · · · · · · · · ·		
JAC	KSONVILLE FL 32216			83					
				84	City			85 Zip	Code
				<u> </u>		rporation submits this statement for the	FL		
SIGNATURE	Signature type and protect name of together day OFFICERS AN	gertano lite at applicable (ND DIRECTORS	NOTE: flugistore	d Agen	l signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	RS IN 12
12.					I signature requ		CERS AND	DIRECTO Change	
12. THLE	OFFICERS AN	ND DIRECTORS	13.	MLE	I signature requ		CERS AND		
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12. THEE NAME STREET AUDRESS	OFFICERS AN PD MENARD, JAMES R. 2575 CR 220 SUITE 107	ND DIRECTORS	13. 11 TF 1.2 N 1.3 S	TLE AME	DORESS		CERS AND		
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4. 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 official or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

2/24/97

904-272-5405