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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:10

DOCUMENT # **L59097** **(0)**

1. Corporation Name
CNB ENTERPRISES, INC.

Principal Place of Business	Mailing Address
13705 BEACH BLVD JACKSONVILLE FL 32224	13705 BEACH BLVD JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1990
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3004430 ☐ 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

9. Name and Address of Current Registered Agent

WENHOLD, CAREN B
13705 BEACH BLVD
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name: Carolyn D. Brown
82 Street Address (P.O. Box Number is Not Acceptable): 10 Hopson Rd.
83:
84 City: Jacksonville Beach FL 85 Zip Code: 32250

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: Carolyn D. Brown Carolyn D. Brown 1-20-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	CDS	X Change ☐ Addition
NAME	BROWN, NOEL S	12 NAME		
STREET ADDRESS	10 HOPSON RD	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL	14 CITY-ST-ZIP		
TITLE	DST	21 TITLE	DPT	X Change ☐ Addition
NAME	BROWN, CAROLYN D	22 NAME		
STREET ADDRESS	10 HOPSON RD	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL	24 CITY-ST-ZIP		
TITLE	P	31 TITLE	delete	X Change ☐ Addition
NAME	WENHOLD, CAREN B	32 NAME	delete	
STREET ADDRESS	2008 N 2ND ST	33 STREET ADDRESS	delete	
CITY-ST-ZIP	JACKSONVILLE BCH FL	34 CITY-ST-ZIP	delete	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Carolyn D. Brown Carolyn D. Brown 1-20-95 (904) 223-4463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0028774 CP