

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

DOCUMENT # **L98028** (8)  
1. Corporation Name  
**C.P. MANAGEMENT & CONSULTING GROUP, INC.**



Principal Place of Business  
**7 WOODEN SHOE LANE  
LONGWOOD FL 32750**

Mailing Address  
**7 WOODEN SHOE LANE  
LONGWOOD FL 32750**

3. Date Incorporated or Qualified **09/06/1990** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-3026023** 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

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

E1 Name  
E2 Street Address (P.O. Box Number is Not Acceptable)  
E3  
E4 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 application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                         |  |
|-----------------|-------------------------|--|
| TITLE           | DV                      | <input checked="" type="checkbox"/> DELETE |
| NAME            | SCOTT, THOMAS W. JR.    |  |
| STREET ADDRESS  | 5115 LACROIS AVENUE     |  |
| CITY - ST - ZIP | ORLANDO FL              |  |
| TITLE           | DP                      | <input type="checkbox"/> DELETE            |
| NAME            | MACCHI, JAMES S.        |  |
| STREET ADDRESS  | 7 WOODEN SHOE LANE      |  |
| CITY - ST - ZIP | LONGWOOD FL             |  |
| TITLE           | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME            | HOGSHEAD, RODNEY C. III |  |
| STREET ADDRESS  | 1331 CARLTON ST.        |  |
| CITY - ST - ZIP | LONGWOOD FL             |  |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |  |
| STREET ADDRESS  |                         |  |
| CITY - ST - ZIP |                         |  |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |  |
| STREET ADDRESS  |                         |  |
| CITY - ST - ZIP |                         |  |
| TITLE           |                         | <input type="checkbox"/> DELETE            |
| NAME            |                         |  |
| STREET ADDRESS  |                         |  |
| CITY - ST - ZIP |                         |  |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 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 if changed, on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 407/767-5735

CR2E034 (12/95)