

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M81736 (4)

1. Corporation Name
CFI MANUFACTURING, INC.

Principal Place of Business
2420 TRAILMATE DRIVE
SARASOTA FL 34243
US

Mailing Address
2420 TRAILMATE DRIVE
SARASOTA FL 34243-4069
US



3. Date Incorporated or Qualified 05/16/1988
3a. Date of Last Report 08/19/1996

2. Principal Place of Business
21 2150 WHITFIELD AVE
Suite, Apt. #, etc.

2a. Mailing Address
26 2150 WHITFIELD AVE
Suite, Apt. #, etc.

22 City & State
23 SARASOTA, FL
Zip 34243 Country

27 City & State
28 SARASOTA, FL
Zip 34243 Country

4. FEI Number 65-0048405
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

SHAW, ANDY
1515 RINGLING BLVD SUITE 1000
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name RANDY L. YODER
82 Street Address (P.O. Box Number is Not Acceptable) 2150 WHITFIELD AVE
83
84 City SARASOTA FL 85 Zip Code 34243

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COURTLAND, C. C	
STREET ADDRESS	2420 TRAILMATE DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARTER, WEATHERSBY G	
STREET ADDRESS	2420 TRAILMATE DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	STURDIVANT, REBECCA	
STREET ADDRESS	2420 TRAILMATE DR	
CITY - ST - ZIP	SARASOTA 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97 941-751-1000
Date Daytime Phone #

CR2E034 (9/96)