

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38373

(7)

1. Corporation Name

CFM PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/10/1992 3a. Date of Last Report 04/21/1994

4. FEI Number 04-3137385 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

7. This corporation has liability for intangible tax under the Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBBINS, JAMES
HILL, WARD & HENDERSON, P.A.
101 EAST KENNEDY BLVD.
TAMPA FL 33601

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME MCCANNON, CHARLES F., JR
STREET ADDRESS 985 NORTH RD.
CITY - ST - ZIP CARLSLE MA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ST
NAME MCCANNON, CHARLES F., JR
STREET ADDRESS 985 NORTH RD.
CITY - ST - ZIP CARLSLE MA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
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TITLE
NAME
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3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
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4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
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5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information furnished 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 by the 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; and that I am a registered agent or a registered agent authorized to accept service of process on behalf of the corporation; and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES F. MCCANNON JR.

DATE

Daytime Phone #