

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 # **P92000002326 (6)**

1. Corporation Name

CFE SERVICES, INC.



Principal Place of Business

**110 NORTH CYPRESS WAY
SUITE 150
CASSELBERRY FL 32707**

Mailing Address

**110 NORTH CYPRESS WAY
SUITE 150
CASSELBERRY FL 32707**

2. Principal Place of Business

21 316 OLEANDER WAY

Suite, Apt. #, etc.

2a. Mailing Address

26 316 Oleander Way

Suite, Apt. #, etc.

City & State

23 CASSELBERRY, FL

Zip

24 32707

Country

25 SEMINOLE

City & State

28 Casse/berry, FL

Zip

29 32707

Country

30 Seminole

9. Name and Address of Current Registered Agent

**WHITE, ROBERT B JR
225 EAST ROBINSON STREET
SUITE 620
ORLANDO FL 32801**

3. Date Incorporated or Qualified

10/30/1992

3a. Date of Last Report

03/14/1995

4. FEI Number

59-3158352

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

10. Name and Address of New Registered Agent

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 their application

(If/Only Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **STULL, MICHAEL V**
STREET ADDRESS **110 NORTH CYPRESS WAY S-150**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition

1.2 NAME **Powery, Ruth**

1.3 STREET ADDRESS **316 Oleander Way**

1.4 CITY-ST-ZIP **Casselberry, FL 32707**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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

4-29-96 (407)830-1010

CR2E034 (12/95)