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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P92000006323 (9) DOCUMENT # CPEQ. INC. Principal Place of Business Mailing Address 210 COOK ST. 210 COOK ST. BRANDON FL 33511 BRANDON FL 33511 3. Date Incorporated or Qualified 3a. Date of Last Report 11/19/1992 02/07/1995 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 26 59-3151708 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Oity & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 23 Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 2.3 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SALYER GREGORY O. Box Number & Not Accepta Street Address DOWNS, THOMAS A 82 210 COOK STREET COOL 83 **BRANDON FL 33511** City BRANDON Zip Code 3 3 5 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 a copt the obligations of Section 607.0505, Florida Statutes. vegora PRESIDENT SIGNATURE (NOTE: Registered Agent's gnature required when reinstating) DATE (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE Change ☐ Addition 1. 1 TITLE TITLE DOWNS, THOMAS A CR2E034 NAME 1.2 NAME 210 COOK ST. 1.3 STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP 1.4 CITY - ST - ZIF ☐ Change DELETE Addition TITLE 2 1 THILE SALYER, GREGORY A NAME 2.2 NAME 210 COOK ST. 2.3 STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** 2 4 CITY - ST - ZIP Change Addition [ ] DELETE 3 1 HILE TITLE NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change Addition TITLE 4. 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change [] DELETE 5 1 TITLE ☐ Addition TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY - ST - ZIE DELETE Change Addition TITLE 6 1 TILLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 6.4 CrtY-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 ch or on an attachment w

Daytime Phone #