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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9200006323 (9)

CPEQ, INC.

FILED May 09 1997 8:00am Secretary of State



Frincipal Mace	e of Business	Mailing Adoress			
210 COOK ST. BRANDON FL		210 COOK ST. BRANDON FL 33511-5217			
				3. Date Incorporated or Qualified 11/19/1992	3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Business EGENT CIRCLE NORTH	26. Mailing Address 26. P. O. BO	× 147	4. FEI Number	Applied For
Suite, Apt		Suite, Apt #, etc.	<u> </u>	59-3151708	Not Applicable S8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State 23 BRA	NDON FL	City & State BRANDO	N FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7/p	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24 33	9. Name and Address of Current	29 33509-0147 3	0	Florida Statutes 10. Name and Address of New Re	Yes No
CAL		Undiaceten Water	81 Name	(D. Name and Address of free for	Mistateo Whenr
OALIER, CRECONI A					
BRANDON FL 33511				ddress (P.O. Box Number is Not Accepta	ble)
			83 30	5 DEBRA DR	IVE
	address chang	e only	84 City 7	BRANDON	FL 85 Zip Code 33.510
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the shove-named or	orporation submits this statement for the	ournose of changing its registered
l office or ti	egistered agent, on both, in the State on familiar with, and accept the obligat	of Florigie. Such change was aut	horized by the corpo	ration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	Weyorn	U Jaher		4/6	15/97
	Signature, typiod or printed name of registered agent		Registered Agent signature re		DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
TITLE	D Downs, Thomas A	☐ bcreic		705 Regent Circle N.	La Change L Aughlon
NAME Place Laboration	210 COOK ST.		1.2 NAME	-	İ
STREET ADORESS City-St-Zip	BRANDON FL 33511		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Brandon, FL 3	33511
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	SALYER, GREGORY A	 ·	2,2 NAME	305 Debra Dr.	
STHEET ADDRESS	210 COOK ST.		2.3 SYREET ADDRESS		
CITY - ST - ZIP	BRANDON FL 33511		2.4 CITY-ST-ZIP	Brandon, FL 335	.с. 2 33510
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4,1 TITLE		L] Change L] Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	.,	☐ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		□ ptrrit	5.1 TITLE 5.2 NAME		C cuante C vocation
NAME expect appeces			5.3 STREET ADDRESS		
STREET ADDRESS					
CITY+ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6,1 TITLE		Change Addition
NAME		marrie .	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-ZIP			6.4 CITY-ST-ZIP		
U: E! 1					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WOGOLY GSAGIET GREGIORY A. SALYER

813 685 3740

Daytime Phone #