FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 1-96 B-6019 C

DOCUMENT # P92000014736 (2)

1. Corporation Name

CFS MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
1003 E. AVE. N. SARASOTA FL 34237	1003 E. AVE. N. SARASOTA FL 34237

3. Date Incorporated or Qualified: 12/29/1992
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business	2a. Mailing Address
21 5922 CATTLEMEN LANE	26 5922 CATTLEMEN LANE
Suite, Apt. #, etc. 22 SUITE 204	Suite, Apt. #, etc. 27 SUITE 204
City & State 23 SARASOTA, FL	City & State 28 SARASOTA, FL
Zip / Country 24 34232 / 25 US	Zip / Country 29 34232 / 30 US

4. FEI Number: 65-0377433 ☐ 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	10. Name and Address of New Registered Agent
RUSSELL, JEFFREY S 240 S. PINEAPPLE AVE. 10TH FLOOR SARASOTA FL 34236	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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable — DATE: Registered Agent's signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CURRIN, RUSSELL A		1.2 NAME	
STREET ADDRESS	1003 EAST AVE. N.		1.3 STREET ADDRESS	5922 CATTLEMEN LANE, SUITE 204
CITY-ST-ZIP	SARASOTA FL 34237		1.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	DV	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHERRILL, WILLIAM		2.2 NAME	
STREET ADDRESS	1003 EAST AVE. N.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237		2.4 CITY-ST-ZIP	
TITLE	DST	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FOXWORTHY, H R		3.2 NAME	
STREET ADDRESS	1003 EAST AVE. N.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: RUSSELL A. CURRIN, JR. 4/25/96 941-954-5313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #