FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 10 PM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036172 (3)

1. Corporation Name
C.D.B.E., INC.

Principal Place of Business	Mailing Address
P.O. BOX 1097 LACOOCHEE FL 33537	P.O. BOX 1097 LACOOCHEE FL 33537

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/14/1993
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21: 3143 DRANE FIELD RD.
22: Suite, Apt. #, etc.
23: City & State: LAKELAND, FLA.
24: Zip: 33813
25: Country: Polk

2a. Mailing Address
26: 3143 DRANE FIELD RD.
27: Suite, Apt. #, etc.
28: City & State: LAKELAND, FL.
29: Zip: 33813
30: Country: Polk

4. FEI Number: 59-3185092 ☐ 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

BUTSCH, C D
19945 BOWER RD
LACOOCHEE FL 33537

10. Name and Address of New Registered Agent

81 Name: BUTSCH, C. D.
82 Street Address (P.O. Box Number is Not Acceptable): 3143 DRANE FIELD RD.
83:
84 City: LAKELAND, FL 85 Zip Code: 33813

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: C B Butsch 3-6-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUTSCH, C D
STREET ADDRESS	19945 BOWER RD
CITY-ST-ZIP	LACOOCHEE FL 33537
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☑ Change	☐ Addition
1.2 NAME	BUTSCH, C. D.		
1.3 STREET ADDRESS	3143 DRANE FIELD RD.		
1.4 CITY-ST-ZIP	LAKELAND, FL. 33813		
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)(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: C B Butsch 3-6-95 813-647-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440784 FP