FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 ' PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000036172 (3) **DOCUMENT #** 1. Corporation Name C.D.B.E., INC. Mailing Address Principal Place of Business 3143 DRANE FIELD RD. 3143 DRANE FIELD RD. LAKELAND FL 33813 LAKELAND FL 33813 HS Date Incorporated or Qualified 05/14/1993 Date of Last Report 03/10/1995 4. FEI Numbe Applied For Mailing Address 2. Principal Place of Business 59-3185092 Street PO BOX 6220 Not Applicable 26 1700 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired N Fee Required 22 Vovo Beach 6. Election Campaign Financing \$5.00 May Be City & State \Box Beach Trust Fund Contribution Added to Fees 23 1000 8. This corporation has liability for intangible tax under s 199.032, Country Country Zio 29 32961-6220 Yes No Florida Statutes USA 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BUTSCH, C D Street Address (P.O. Box Number is Not Acceptable) 82 3143 DRANE FIELD RD. 27 th LAKELAND FL 33813 Street 1700 Zip Code 32,960 City Vevo Beach 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 (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change ☐ Addition DELETE 1. 1 TITLE TITLE BUTSCH, C D 1.2 NAME NAME 27th Street 3143 DRANE FIELD RD. 1.3 STREET ADDRESS STREET ADDRESS 32960 Beach FL LAKELAND FL 14 CHTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TT DELETE 2 1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - S1 - ZIP Change ☐ Addition ☐ DELETE 5. 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition □ DELETE 6. 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 early; 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. CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.D. BUTSCH

4/15/96

407-778-7873

CR2E034 (12/95)