

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000037925 (3)

1. Corporation Name

C & T SERVICES OF CTRL FL INC.



Principal Place of Business

8109 CANYON OAKS LANE
ORLANDO FL 32822

Mailing Address

8109 CANYON OAKS LANE
ORLANDO FL 32822

3. Date Incorporated or Qualified

05/24/1993

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

2a. Mailing Address

3660 Maguire Blvd

4. FEI Number

59-3185120

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

ANDERSON, CHARMAGNE A
8109 CANYON OAKS LANE
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name

Charmagne A Anderson

82 Street Address (P.O. Box Number is Not Acceptable)

3660 Maguire Blvd

83

Suite 250

84 City

Orlando

FL

85 Zip Code

32803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ANDERSON CHARMAGNE
STREET ADDRESS 8109 CANYON OAKS LANE
CITY-ST-ZIP ORLANDO FL

TITLE VST ☐ DELETE

NAME ANDERSON JERY
STREET ADDRESS 8109 CANYON OAKS LANE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2 1 TITLE ☒ Change ☐ Addition

22 NAME V/S/T
23 STREET ADDRESS Charmagne Anderson
24 CITY-ST-ZIP 3660 Maguire Blvd, Suite 250
Orlando, FL 32803

3 1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME
63 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 407-426-0045

Date

Daytime Phone #

CR2E034 (12/95)