

**DOCUMENT # P93000037925**

1. Entity Name

**C & T SERVICES OF CTRL FL INC.**

[illegible]

Principal Place of Business	Mailing Address
2404 GALLERY VIEW DR #6 WINTER PARK FL 32792	2404 GALLERY VIEW DR #6 WINTER PARK FL 32792-2535

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3185120	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, CHARMAGNE A  
2404 GALLERY VIEW DR #6  
WINTER PARK FL 32792

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center"><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
--	---	---

[illegible]

<b>12.</b>		<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4-5-00 407-678-7131  
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)