SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042329 (1)**

1. Corporation Name
CDM & CEK, INC.

Principal Place of Business	Mailing Address
~~2 SOUTH ORANGE AVENUE~~ ~~ORLANDO FL 32801~~	~~2 SOUTH ORANGE AVENUE~~ ~~ORLANDO FL 32801~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business	2a. Mailing Address
21 Route 2, Box 249	26 Route 2, Box 249
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 East Palatka FL	City & State 28 East Palatka FL
Zip 24 32131 Country 25 US	Zip 29 32131 Country 30 US

4. FEI Number: APPLIED FOR ☐ 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
MOTES, CARL D 2 SOUTH ORANGE AVENUE ORLANDO FL 32801	81 Name: Motes, Carl D. 82 Street Address (P.O. Box Number is Not Acceptable): 106 East Gilmore Ave 83 Suite 900 84 City: Tallahassee FL 85 Zip Code: 32301

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~MOTES, CARL D~~	1.2 NAME		
STREET ADDRESS	~~9460 THURLOE PLACE~~ Delete	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL 32827~~	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D, Pres	☒ Change ☐ Addition
NAME	KANE, C E	2.2 NAME	Kane, C E	
STREET ADDRESS	ROUTE 2 BOX 249	2.3 STREET ADDRESS	Route 2 Box 249	
CITY-ST-ZIP	EAST PALATKA FL 32131	2.4 CITY-ST-ZIP	East Palatka FL 32131	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: C. Elliott Kane 4 July 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6010824 CP