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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:46

DOCUMENT # **P94000000396 (9)**

1. Corporation Name
CB PALM HARBOR, INC.

Principal Place of Business	Mailing Address
877 EXECUTIVE CENTER DRIVE WEST SUITE 300 ST PETERSBURG FL 33702	877 EXECUTIVE CENTER DRIVE WEST SUITE 300 ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 12954 N. Dale MabryHwy.
22: Suite, Apt. #, etc.
23: Tampa, FL 33618
24: Zip
25: Country

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3216840 ☐ 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

~~MASCARA, ERNEST L~~
~~877 EXECUTIVE CENTER DRIVE WEST~~
~~SUITE 300~~
~~ST PETERSBURG FL 33702~~

10. Name and Address of New Registered Agent

81 Name: Kim M. Schwencke
82 Street Address (P.O. Box Number is Not Acceptable): 12954 N. Dale Mabry Hwy.
83:
84 City: Tampa, FL 85 Zip Code: 33618

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 name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	~~MASCARA, ERNEST L~~	12 NAME	
STREET ADDRESS	~~877 EXECUTIVE CENTER DRIVE WEST, SUITE 300~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~ST PETERSBURG FL 33702~~	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☒ Addition
NAME		22 NAME	PS BOB TRIGG
STREET ADDRESS		23 STREET ADDRESS	2104 MAGDALENE MANOR DRIVE
CITY-ST-ZIP		24 CITY-ST-ZIP	~~TAMPA, FLORIDA 33613~~
TITLE		31 TITLE	☐ Change ☒ Addition
NAME		32 NAME	VP T KIM SCHWENCKE
STREET ADDRESS		33 STREET ADDRESS	1603 NORTH RIVERHILLS DRIVE
CITY-ST-ZIP		34 CITY-ST-ZIP	~~TEMPLE TERRACE, FLORIDA 33617~~
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 added by an attachment with an address.

SIGNATURE: _____ Kim M. Schwencke 3/15/95 (813)269-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0810389 CP