FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
95 MAY -1 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # P94000017543 (7)

1. Corporate Name
C & M CARPENTRY, INC.

Principal Place of Business
1531 DREXEL ROAD LOT 254
WEST PALM BEACH FL 33414

Mailing Address
1531 DREXEL ROAD LOT 254
WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/01/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or P.O. Box — 22 / 27
City & State — 23 / 28
Zip — 24
County — 25
Country — 29
Foreign Postal Code — 30

4. FEI Number: 65-0468035 — 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. The corporation is qualified for exemption under s. 196.199, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAHOON, BYRON
1531 DREXEL ROAD LOT 254
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1505, Florida Statutes, the entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature must be that of an officer or director. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND/OR DIRECTOR

TITLE	PRES
NAME	BYRON CAHOON
STREET ADDRESS	1531 DREXEL RD, LOT 254
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is complete, accurate and that I am duly authorized and qualified to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: Byron D. Cahoon President 4-27-95 407 346-2482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0283867 CP