## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

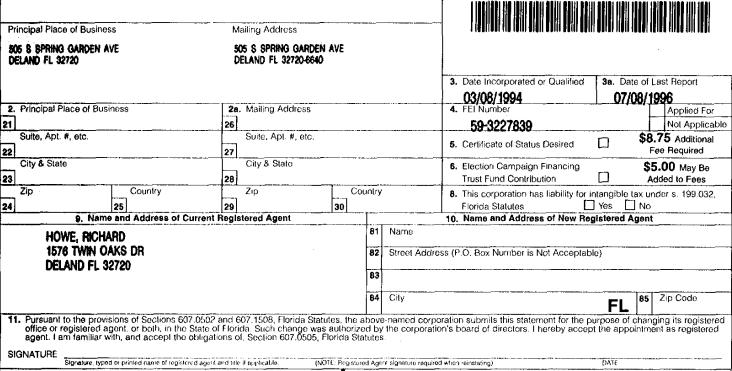
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000017833 (2)

C. & I. LINITED INC

rincipal Place of Business	Mailing Address
05 8 BPRING GARDEN AVE DELAND FL 32720	505 S SPRING GARDEN AVE DELAND FL 32720-6640
LAMO FL 32120	DELAND FL SZFZO-0040

## **FILED** Apr 24 1997 8:00am Secretary of State



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, typod or printed name of registered agent and title if applicable. (NOTE: Registured Agent signature required when reinstating) DATE								
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR			
TITLE	DP	☐ DELETE	1 1 TITLE		Change	Addition		
NAME	HOWE, RICHARD		1.2 NAME					
STREET ADDRESS	1576 TWIN OAKS DR		1.3 STREET ADDRESS					
CITY-ST-ZIP	DELAND FL 32720		1.4 CITY - ST - ZIP					
TITLE	DST	☐ DELETE	2 1 TITLE		☐ Change	☐ Addition		
NAME	HOWE, SHIRLEY		2.2 NAME		*** ***	ſ		
STREET ADDRESS	1576 TWIN OAKS DR		2.3 STREET ADDRESS	,		į		
CITY-ST-ZIP	DELAND FL 32720		2 4 CITY-S1-ZIP					
TITLE	٧	☐ DELETE ·	3.1 TITLE	•	Change	Addition		
NAME	HOWE, CHRISTOPHER L		3.2 NAME			ļ		
STREET ADDRESS	1576 TWIN OAKS DR		3.3 STREET ADDRESS					
CITY-ST-ZIP	DELAND FL 32720		3.4 CITY-ST-ZIP			]		
TITLE		DELETE	4.1 TITLE		Change	Addition		
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP	·		4.4 CITY - \$1 - ZIP			ļ		
TITLE		☐ DELETE	5.1 TITLE		Change	Addition		
NAME			5.2 NAME -			ĺ		
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 THLE		Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP	·		}		

14. I do 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 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chyprid, or op an attaching it with an address.