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SECRETARY OF STATE
DIVISION OF CORPORATION

95 FEB 22 AM 10:01

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000069102 (9)

1. Corporation Name
CDGM INC.

Principal Place of Business
4717 S. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34746

Mailing Address
4717 S. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3268671

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

GARDNER, MARVIN L
4717 S. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34746

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 Sections 607.0502 and 607.1503, 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 of Registered Agent (Required)

Signature of Registered Agent (Required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
CHASE, PAMELA J
2605 SALINA WAY
KISSIMMEE FL 34758

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
TREASURER/Secretary/Director
Chase, Pamela J. S/P/O
Same
☒ Change ☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
DAVIS, JERRY
3435 PACKARD AVE.
ST. CLOUD FL 32772

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
GARDNER, MARVIN L
4717 S. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34746

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
PRESIDENT
GARDNER, MARVIN L P/O
Same
☒ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
MacDonald, Stephen D
13117 BALTIMORE WOODS Lane
ORLANDO, FL 32824
☐ Change ☒ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemption stated in Section 199.03(2)(b), 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:

PAMELA J. CHASE
Signature and typed name of signing officer or director

2/1/95 1-407-870-7360