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

APPROVED AND FILED

95 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079909 (5)

1. Corporation Name
C.F.S. OF TAMPA, INC.

Principal Place of Business	Mailing Address
~~1412 SOUTH HOWARD AVE~~ ~~SUITE 202~~ TAMPA FL 33606	~~1412 SOUTH HOWARD AVE~~ ~~SUITE 202~~ TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1994
3a. Date of Last Report: 1ST

2. Principal Place of Business	2a. Mailing Address
21 1304 W Fletcher AVE	26 P.O. Box 27213
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Tampa, FL.	28 City & State: TAMPA, FL.
24 Zip: 33612 25 County: Hillsborough	29 Zip: 33623 30 County: Hillsborough

4. FEI Number: 59-3284299 ☐ 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

6. 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
CARIDE, JOSE ~~1413 SOUTH HOWARD AVE.~~ 1304 W. FLETCHER AV ~~SUITE 202~~ TAMPA FL ~~33606~~ 33612	81 Name: Jose' Caride Jr. 82 Street Address (P.O. Box Number is Not Acceptable): 1304 W. Fletcher AVE. 83 84 City: Tampa FL 85 Zip Code: 33612

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
011 TITLE	D / PRESIDENT	11 TITLE	☐ Change ☐ Addition
012 NAME	CARIDE, JOSE	12 NAME	
013 STREET ADDRESS	~~1413 S. HOWARD AVE. SUITE 202~~ 1304 W. FLETCHER AV	13 STREET ADDRESS	
014 CITY ST ZIP	TAMPA FL ~~33606~~ 33612	14 CITY ST ZIP	
021 TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
022 NAME	TIM M. HOLT	22 NAME	
023 STREET ADDRESS	1304 W. FLETCHER AV	23 STREET ADDRESS	
024 CITY ST ZIP	TAMPA, FL 33612	24 CITY ST ZIP	
031 TITLE		31 TITLE	☐ Change ☐ Addition
032 NAME		32 NAME	
033 STREET ADDRESS		33 STREET ADDRESS	
034 CITY ST ZIP		34 CITY ST ZIP	
041 TITLE		41 TITLE	☐ Change ☐ Addition
042 NAME		42 NAME	
043 STREET ADDRESS		43 STREET ADDRESS	
044 CITY ST ZIP		44 CITY ST ZIP	
051 TITLE		51 TITLE	☐ Change ☐ Addition
052 NAME		52 NAME	
053 STREET ADDRESS		53 STREET ADDRESS	
054 CITY ST ZIP		54 CITY ST ZIP	
061 TITLE		61 TITLE	☐ Change ☐ Addition
062 NAME		62 NAME	
063 STREET ADDRESS		63 STREET ADDRESS	
064 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 on an attachment with an address.

SIGNATURE: Jose' Caride Jr. 4/12/95 (813)269-0432
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0292095 CP