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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000023179 (1)**

1. Corporation Name

CMD INDUSTRIES, INC.

Principal Place of Business	Mailing Address
% FREDERICK LEONE, JR. 7655 W. GULF-TO-LAKE HWY., SUITE 5 CRYSTAL RIVER FL 34429	% FREDERICK LEONE, JR. 7655 W. GULF-TO-LAKE HWY., SUITE 5 CRYSTAL RIVER FL 34429

3. Date Incorporated or Qualified: 03/22/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1586 N. MEADOWCREST BLVD
22: Suite, Apt. #, etc.
23: City & State: CRYSTAL RIVER, FL
24: Zip: 34429
25: Country: USA

2a. Mailing Address
26: 1586 N. MEADOWCREST BLVD
27: Suite, Apt. #, etc.
28: City & State: CRYSTAL RIVER, FL
29: Zip: 34429
30: Country: USA

4. FEI Number: 59-3307633 ☐ 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

LEONE, FREDERICK JR
% FREDERICK LEONE, JR.
7655 W. GULF-TO-LAKE HWY., SUITE 5
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name: CANDY M. DUCHARME
82 Street Address (P.O. Box Number is Not Acceptable): 1586 N. MEADOWCREST BLVD
83:
84 City: CRYSTAL RIVER FL 85 Zip Code: 34429

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: Candy M. Ducharme CANDY M. DUCHARME 7/26/96
(Signature and Typed or Printed Name of Registered Agent and the Date. If Registered Agent is a corporation, must be signature of officer or director of the corporation.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUCHARME, CANDY M 7655 W. GULF-TO-LAKE HWY. CRYSTAL RIVER FL 34429	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D DUCHARME, CANDY M 1586 N. MEADOWCREST BLVD CRYSTAL RIVER, FL 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(k), 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: Candy M. Ducharme 7/26/96 352-795-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)