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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
1586 NOERTH MEADOWCREST BLVD  
CRYSTAL RIVER FL 34429  
US

Mailing Address  
1586 N. MEADOWCREAST BLVD  
CRYSTAL RIVER FL 34429-5757  
US

3. Date Incorporated or Qualified  
03/22/1995

3a. Date of Last Report  
07/31/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
59-3307633

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

DUCHARME, CANDY M  
1586 N. MEADOWCREST BLVD  
CRYSTAL RIVER FL 34429

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	DUCHARME, CANDY M	1586 NORTH MEADOWCREST BLVD	CRYSTAL RIVER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D/P/S/V/T	DUCHARME, CANDY M	1586 NORTH MEADOWCREST BLVD	CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	JOHN H GRABLER	P.O. BOX 2124 N/A	HOMOSASSA SPRINGS, FL 34447	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CAROL E. GRABLER	P.O. BOX 2124 N/A	HOMOSASSA SPRINGS, FL 34447	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: \_\_\_\_\_ Date: 4/8/97 Daytime Phone: 352-795-0089

CR2E034 (9/96)