

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # *P 95 0000 46116*

1. Corporation Name  
**C & D Warehouse, Inc.**

Principal Place of Business Mailing Address

**1989 Trade Center Way  
Naples, FL 34109**

3. Date Incorporated or Qualified **June 14, 1995** 3a. Date of Last Report *2-8*

4. FEI Number **65-0633315**

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. 193.03, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21. State Apt. # etc. 26. State Apt. # etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

**George P. Langford, Esquire  
3357 Tamiami Trail North  
Naples, FL 34103**

10. Name and Address of New Registered Agent

81. Name **Dennis P. Cronin, Esquire**

82. Street Address (P.O. Box Number is Not Acceptable)  
**BOND, SCHOENECK & KING**

83. **1167 Third Street South**

84. City **Naples** FL 85. Zip Code **34102**

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

*George P. Langford*

*Dennis P. Cronin*

*July 30, 1996*

12. OFFICERS AND DIRECTORS

TITLE **President** ☒ DELETE  
NAME **James E. Doane, Sr.**  
STREET ADDRESS **1989 Trade Center Way**  
CITY, ST, ZIP **Naples, FL 34109**

TITLE **Executive Vice President** ☐ DELETE  
NAME **Michael Calyore**  
STREET ADDRESS **1989 Trade Center Way**  
CITY, ST, ZIP **Naples, FL 34109**

TITLE **Assistant Secretary** ☒ DELETE  
NAME **James E. Doane, Sr.**  
STREET ADDRESS **1989 Trade Center Way**  
CITY, ST, ZIP **Naples, FL 34109**

TITLE **Secretary** ☐ DELETE  
NAME **Michael Calyore**  
STREET ADDRESS **1989 Trade Center Way**  
CITY, ST, ZIP **Naples, FL 34109**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **President** ☒ Change ☐ Addition  
2. NAME **Michael Calyore**  
3. STREET ADDRESS **1989 Trade Center Way**  
4. CITY, ST, ZIP **Naples, FL 34109**

5. TITLE **Assistant Secretary** ☒ Change ☐ Addition  
6. NAME **Christine Calyore**  
7. STREET ADDRESS **1989 Trade Center Way**  
8. CITY, ST, ZIP **Naples, FL 34109**

9. TITLE ☐ Change ☐ Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP

21. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. 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)(a), 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:

*Michael Calyore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/30/96*

*941-597-1511*

CR2E034 (12/95)

**BOND, SCHOENECK & KING, P.A.**  
ATTORNEYS AT LAW

2 of 2

1167 THIRD STREET SOUTH  
NAPLES, FLORIDA 34102

Telephone: (941) 262-6812

Fax: (941) 262-5386

**\*\* NOTE NEW FAX NUMBER \*\***

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**NAME:** Amy Allen

**FAX NUMBER:** 904-487-6015

**FIRM:** Florida Secretary of State

**PHONE NUMBER:** 904-487-6027

**LOCATION:** Tallahassee, FL

**MATTER NUMBER:** 958710/Calyore

**FROM:** Dennis P. Cronin, Esquire

**DATE:** August 5, 1996

Number of Pages: 1 (including cover sheet)

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THANK YOU.**

Our fax machines are capable of receiving your communications 24 hours a day, 7 days a week.

**COMMENTS:** This will serve as authorization to insert C & D Warehouse, Inc.'s FEI #65-0633315 onto the Annual Corporate Report. This was inadvertently omitted and needed to be inserted to avoid dissolution.

Thank you.