

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 09 1997 8:00am  
Secretary of State

DOCUMENT # **P95000071592 (6)**

1. Corporation Name

**CMP DIVERSIFIED, INC.**

Principal Place of Business

Mailing Address

**PO BOX 161075  
ALTAMONTE SPRINGS FL 32716-1075**

**PO BOX 161075  
ALTAMONTE SPRINGS FL 32716-1075**



3. Date Incorporated or Qualified

**09/15/1995**

3a. Date of Last Report

**06/17/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

**59-3334169**

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

**WALLACE, JUNE  
798 SEACREST DR.  
LARGO FL 34641**

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 607.1508, 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

*June Wallace*

*June Wallace*

**3/21/97**

Signature of agent or person authorized to register agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PETERSON, CHERYL M</b>	
STREET ADDRESS	<b>28 LAKEVIEW DR</b>	
CITY - ST - ZIP	<b>FARMINGTON CT 06032-2509</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PETERSON, RAYMOND W</b>	
STREET ADDRESS	<b>28 LAKEVIEW DR</b>	
CITY - ST - ZIP	<b>FARMINGTON CT 06032-2509</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PETERSON, ELEANOR M</b>	
STREET ADDRESS	<b>28 LAKEVIEW DR</b>	
CITY - ST - ZIP	<b>FARMINGTON CT 06032-2509</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PETERSON, BERTIL R</b>	
STREET ADDRESS	<b>5040 REDCLIFF CT.</b>	
CITY - ST - ZIP	<b>DUNWOODY GA 30338</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PETERSON, DONALD E</b>	
STREET ADDRESS	<b>12 LOVIG LANE</b>	
CITY - ST - ZIP	<b>HANDEN CT 06518</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PETERSON, CRAIG A</b>	
STREET ADDRESS	<b>12 LOVIG LANE</b>	
CITY - ST - ZIP	<b>HANDEN CT 06518</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

*Donald E Peterson* **Donald E Peterson** **3/25/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)