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

CORPORATION ANNUAL REPORT

1998

CITY-ST-2IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 07 1998 8:00am

Secretary of State

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DOCUMENT # 1. Corporation Name P96000001644 (9)

C&M HOME IMPROVEMENTS, INC.

Principal Place of Business Mailing Address 174 PARKVIEW OBIVE 174 PARKVIEW DRIVE PALM COAST FL 32184 PALM COAST FL 32164 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3354419 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zтр Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ No 29 30 Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GUNTHARP, PAUL M JR. 4 OLD KINGS ROAD NORTH **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE B PALM COAST FL 32137 В3 84 City 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 Lorida 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. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CHASE, MICHAEL F NAME 1.2 NAME 174 PARKVIEW DRIVE STREET ADDRESS 1.3 STREET ADDRESS PALM COAST FL 32164 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition ALDRIDGE, BRENDA S NAME 2.2 NAME 174 PARKVIEW DRIVE STREET ADDRESS 2.3 STREET ADDRESS PALM COAST FL 32164 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 City - St - ZiP 14. Thereby 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 suppliemental 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.