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FILED
May 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 # **P96000031171 (7)**

1. Corporation Name
CDIS ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
2865 JEFFERSON ST **MARIANNA FL 32448**	**PO BOX 744** **MARIANNA FL 32447-0744**

3. Date Incorporated or Qualified: **04/10/1996** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **59-3375296** ☐ 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

KUNDE, IVAN K
2865 JEFFERSON ST
MARIANNA FL 32448

10. Name and Address of New Registered Agent

81 Name: Chanley W. Carter
82 Street Address (P.O. Box Number is Not Acceptable): 5314 Pepper Lane
83
84 City: Marianna FL 85 Zip Code: 32448-7340

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: Chanley W. Carter — 5-7-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, CHANLEY W		1.2 NAME		
STREET ADDRESS	5314 PEPPER LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32448-7340		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, DENISE L		2.2 NAME		
STREET ADDRESS	5314 PEPPER LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32448-7340		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KUNDE, IVAN K		3.2 NAME		
STREET ADDRESS	4528 RED OAK TRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KUNDE, SUSAN H		4.2 NAME		
STREET ADDRESS	4528 RED OAK TRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Chanley W. Carter — 4-10-97 — 904-526-3108