


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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000032678 (0)**

1. Corporation Name

C & D UNLIMITED, INC.



Principal Place of Business 5910 SE ABSHER BLVD OCALA FL 34420	Mailing Address 5910 SE ABSHER BLVD OCALA FL 34420
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4180 N HARBOR CITY BLVD		2a. Mailing Address 25 SAME		3. Date Incorporated or Qualified 04/11/1996	
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27		4. FEI Number 59-3348436	
City & State 23 MELBOURNE FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32935		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 26		Zip 29		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PALMQUIST, DALE
2749 NE 60 LANE
OCALA FL 34479**

10. Name and Address of New Registered Agent

81 Name PALMQUIST, DALE
82 Street Address (P.O. Box Number is Not Acceptable) 866 HAMM ST NW
83
84 City PALM BAY
85 Zip Code FL 32907

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

Dale Palmquist

(NOTE: Registered Agent signature required when reinstating)

2-2-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input type="checkbox"/> DELETE	1.1 TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALMQUIST, DALE		1.2 NAME PALMQUIST, DALE	
STREET ADDRESS 2749 NE 60 LANE		1.3 STREET ADDRESS 866 HAMM ST NW	
CITY-ST-ZIP OCALA FL 34479		1.4 CITY-ST-ZIP PALM BAY FL 32935	
TITLE VT	<input type="checkbox"/> DELETE	2.1 TITLE VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALMQUIST, MARY JANE		2.2 NAME PALMQUIST, MARY JANE	
STREET ADDRESS 2749 N.E. 60TH LN.		2.3 STREET ADDRESS 866 HAMM ST NW	
CITY-ST-ZIP OCALA FL		2.4 CITY-ST-ZIP PALM BAY FL 32907	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, JOHN		3.2 NAME	
STREET ADDRESS 18 N. ADAMS ST		3.3 STREET ADDRESS	
CITY-ST-ZIP BEVERLY HILLS FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

Dale Palmquist

2-2-98

407-242-6673

CR2E034 (10/97)