

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

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000032678 (0)**  
 1. Corporation Name  
**C & D UNLIMITED, INC.**



Principal Place of Business 5910 SE ABSHIER BLVD OCALA FL 34420	Mailing Address 5910 SE ABSHIER BLVD OCALA FL 34420
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4180 N HARBOR CITY BLVD</b>		2a. Mailing Address 25 <b>SAME</b>		3. Date Incorporated or Qualified <b>04/11/1996</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-3348436</b>	
23 City & State <b>MELBOURNE FL</b>		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>32935</b>		29 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		30 Country		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 <b>PALMQUIST, DALE</b> <b>2749 NE 60 LANE</b> <b>OCALA FL 34479</b>				10. Name and Address of New Registered Agent	
81 Name <b>PALMQUIST, DALE</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>866 HAMM ST NW</b>	
83				84 City <b>PALM BAY</b>	
				85 Zip Code <b>FL 32907</b>	

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 *Wale Palmquist* DATE *2-2-98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PALMQUIST, DALE</b>		1.2 NAME <b>PALMQUIST, DALE</b>	
STREET ADDRESS <b>2749 NE 60 LANE</b>		1.3 STREET ADDRESS <b>866 HAMM ST NW</b>	
CITY-ST-ZIP <b>OCALA FL 34479</b>		1.4 CITY-ST-ZIP <b>PALM BAY FL 32935</b>	
TITLE <b>VT</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PALMQUIST, MARY JANE</b>		2.2 NAME <b>PALMQUIST, MARY JANE</b>	
STREET ADDRESS <b>2749 N.E. 60TH LN.</b>		2.3 STREET ADDRESS <b>866 HAMM ST NW</b>	
CITY-ST-ZIP <b>OCALA FL</b>		2.4 CITY-ST-ZIP <b>PALM BAY FL 32907</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KING, JOHN</b>		3.2 NAME	
STREET ADDRESS <b>18 N. ADAMS ST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BEVERLY HILLS FL</b>		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* DATE *2-2-98* *407-242-6673*

CR2E034 (10/97)