

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

FILED

May 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000073308 (4)**

1. Corporation Name  
**CDF, INC.**

Principal Place of Business  
**9455 PENSACOLA BLVD.  
PENSACOLA FL 32534**

Mailing Address  
**9455 PENSACOLA BLVD.  
PENSACOLA FL 32534-1237**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/04/1996</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-3446050</b>	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Signature of Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SAWYER, JOHN R ESQ.  
222 WEST CERVANTES STREET  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>D/C/T CHARLES A. MOCK</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>218 TOPEKA ROAD</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>PENSACOLA, FLORIDA 32514-3146</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>P EULALIE C. MOCK</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>218 TOPEKA ROAD</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>PENSACOLA, FLORIDA 32514-3146</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>M C. CHANDLER MOCK</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>9012 ARCADIA ROAD</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>PENSACOLA, FLORIDA 32534</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>M RAY FAULK</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>ROUTE 3, BOX 375</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>MULLINS, SOUTH CAROLINA 29574</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>XXXXNOTE: THE ABOVE MENTIONED OFFICERS/</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>DIRECTORS WILL BE ADDED PRIOR TO</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>JULY 1st, 1997. This and any other</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>INFORMATION IN THIS REPORT IS</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>CORRECT TO THE BEST OF MY LEGAL</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>UNDERSTANDING OF THIS REPORT.</b>

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 and dated 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:

*Charles A. Mock*

CHARLES A. MOCK

904 484 6400  
April 28, 1997

CR2E034 (9/96)