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FILED
Apr 16 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 # P97000079322 (8)

1. Corporation Name

CBS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4836 N TAMiami TRAIL
NAPLES FL 34113

4836 N TAMiami TRAIL
NAPLES FL 34113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number

N/A

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 11901 N. TAMiami TR.

26 11901 N. TAMiami TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES, FLA.

City & State

28 NAPLES, FLA.

Zip

24 34110

Country

25 U.S.A.

Zip

29 34110

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

STEWART, JOSEPH D
2871 AIRPORT RD SOUTH, SUITE 302
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name

KEVIN G. SCARFF

82

Street Address (P.O. Box Number is Not Acceptable)

11901 N. TAMiami TR.

83

84 City

NAPLES

FL

85 Zip Code

34110

11. Pursuant to the provisions of Sections 607.0505 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

Kevin G. Scarff
Signature, typed or printed name of registered agent acceptable

(NOTE: Registered Agent signature required when reinstating)

4/10/98
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BOYETTE, CATHERINE J
STREET ADDRESS 4836 N TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34113 ☐ DELETE

TITLE VD
NAME SCARFF, KEVIN G
STREET ADDRESS 4836 N TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34113 ☐ DELETE

TITLE STD
NAME SCARFF, SUSAN C
STREET ADDRESS 4836 N TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34113 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Kevin G. Scarff
Signature, typed or printed name of registered agent acceptable

4/10/98 941-566-7011

CP2E034 (10/97)