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Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90180 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000011650

1. Corporation Name  
CDF SERVICES, INC.



Principal Place of Business

1510 NE 10 TERRACE  
CAPE CORAL FL 33909

Mailing Address

1510 NE 10 TERRACE  
CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1998

4. FEI Number

65-0813770

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 911 SW 33rd ST

2a. Mailing Address

26 911 SW 33rd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 CAPE CORAL FL

27 City & State  
28 CAPE CORAL FL

24 Zip 33914 25 Country USA

29 Zip 33914 30 Country USA

9. Name and Address of Current Registered Agent

FREDLUND, DEBRA  
1510 NE 10 TERRACE  
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81 Name

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

911 SW 33rd STREET

83

84 City

CAPE CORAL

FL

85 Zip Code

33914

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME FREDLUND, DEBRA  
STREET ADDRESS 1510 NE 10 TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE VSD  
NAME FREDLUND, CARL  
STREET ADDRESS 1510 NE 10 TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 911 SW 33rd St  
1.4 CITY-ST-ZIP CAPE CORAL FL 33914

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 911 SW 33rd St  
2.4 CITY-ST-ZIP CAPE CORAL, FL 33914

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

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

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

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA A. FREDLUND 4/15/99 (941)540-3428

CR2E034 (1/1/98)