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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P98000057992

1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90104 030 ***150.00

CFB SEF	RVICES, INC.					 				
Principal Place	e of Business	Mailing Address								
3843 CAYMAN CIRCLE 3843 CAYMAN CIRCLE FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 3203				4		DO NOT WIND	- N - T 110	ODACE		
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
		14-91-4				06/29/1998 4. FEI Number		- W And	plied For	
2. Principal Place of Business 2a. Mailing Address 21						4. FEI Mullibel		<u> </u>	t Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						 		\$8.75 A	- $ -$	
⊢ ' '	27	rule, Apr. II, etc.			5. Certifcate of Status Desired		Fee Red			
City & State	e	City & State				6. Election Campaign Financing	_	\$5.00	May Be	
23	28					Trust Fund Contribution		Added to		
Zip	Country Zip			untry		8. This corporation owes the curre	ent year Inta	ingible		
24	25	29	30			Personal Property Tax.		Yes==	⊡No <u></u>	=
	9. Name and Address of Current	Registered Agent		81		10. Name and Address of New R	egistered /	tgent		
					Name				Ŋ	
GRAHAM, GREGORY L				82	Street Addre	ss (P.O. Box Number is Not Acceptable)				1
3843 CAYMAN CIRCLE										
FERI	NANDINA BEACH FL 32034			83						
ļ				84	City			85 Zip C	Code	
					Ť		<u>FL</u>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authorities of Florida.					-named corpo	ration submits this statement for the	purpose of o	changing its	registered	l
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was at ions of, Section 607.0505, Flor	ida Sta	tutes.	u le corporadoi	in a board of directors. Thereby accep	t the appoi	Miletin do reg	Jistorea	
SIGNATURE										•
GIGNATURE	Signature, typed or printed name of registered agent		Registere	d Ageni	t signature required		DATE			6
12.	T	OFFICERS AND DIRECTORS		•		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition	7
TITLE	D DELETE			TITLE				[_] Onlingo	LJ Addison	1
NAME	GRAHAM, GREGORY L			NAME						8
STREET ADDRESS	3843 CAYMAN CIRCLE				ADDRESS				ļ	ļ
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		_	CITY-ST	T-ZiP					5
TITLE		DELETE		2.1 TITLE		_ 		□ Change	☐ Addition	
NAME	}		· • • • • • • • • • • • • • • • • • • •					Change	Addition	
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CITY-ST-ZIP	}		2.3 9	NAME STREET	ADDRESS			Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME			2.3 \$ 2.4 3.11 3.2 N 3.3 \$ 3.4 4.11 4.2	VAME STREET CITY-S TITLE VAME STREET CITY-S TITLE NAME	T-ZIP ADDRESS			Change	Addition	
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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.