

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

DOCUMENT # P98000092448

1. Corporation Name

CENTRAL FLORIDA T & M, INC.

Principal Place of Business

7166 APACHE TRAIL
SPRING HILL FL 34606

Mailing Address

7166 APACHE TRAIL
SPRING HILL FL 34606

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90125 023 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1998

4. FEI Number

59-3540574

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 6268 Indio Dr.

Suite, Apt. #, etc.

22

City & State

23 Spring Hill, FL

Zip

24 34608

Country

25 Hernando

2a. Mailing Address

26 P.O. Box 6227

Suite, Apt. #, etc.

27

City & State

28 Spring Hill, FL

Zip

29 34608

Country

30 Hernando

9. Name and Address of Current Registered Agent

YOCUM, CHRIS A
7166 APACHE TRAIL
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name Charles D. Evans

82 Street Address (P.O. Box Number is Not Acceptable)
6268 Indio Dr.

83

84 City Spring Hill

FL

85 Zip Code 34608

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Charles D. Evans

4/27/99

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 D
NAME YOCUM, CHRIS A
STREET ADDRESS 12200 PHYLLIS LANE
CITY-ST-ZIP HUDSON FL 34669
☒ DELETE

TITLE Evans, Charles D.
NAME 6268 Indio Dr.
STREET ADDRESS Spring Hill, FL 34608
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres.
1.2 NAME Charles D. Evans
1.3 STREET ADDRESS 6268 Indio Dr.
1.4 CITY-ST-ZIP Spring Hill, FL 34608
☐ Change ☒ Addition

2.1 TITLE Vice-Pres.
2.2 NAME Chris A. Yocum
2.3 STREET ADDRESS 12200 Phyllis Ln.
2.4 CITY-ST-ZIP Hudson, FL 34669
☒ Change ☐ Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

4/27/99 352 596-5635

CR2E034 (11/98)

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