

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **S40544** (6)

1. Corporation Name

CPN DEVELOPMENT CORP.

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1751 MOUND ST  
SUITE 1A  
SARASOTA FL 34236

1751 MOUND ST  
SUITE 1A  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/26/1991

3a. Date of Last Report  
05/01/1994

4. FEI Number  
65-0258896

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 7136 BENEVA ROAD

26 7136 BENEVA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Zip

Country

Country

24 34238 25

29 34238 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, ERNEST J JR  
SUITE 1A  
1751 MOUND STREET  
SARASOTA FL 34236

81 Name

THEODORS MISIEWICZ

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

7136 BENEVA ROAD

83

84 City

SARASOTA

FL

85 Zip Code

34238

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 THEODORS MISIEWICZ

4/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |
|----------------|-----------------------------|
| TITLE          | D                           |
| NAME           | MCELHENY, THOMAS J.         |
| STREET ADDRESS | 1751 MOUND STREET, SUITE 1A |
| CITY, ST, ZIP  | SARASOTA FL                 |
| TITLE          | P                           |
| NAME           | MCELHENY, THOMAS J.         |
| STREET ADDRESS | 1751 MOUND STREET SUITE 1A  |
| CITY, ST, ZIP  | SARASOTA FL                 |
| 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  |                             |

|                    |                                                                                 |
|--------------------|---------------------------------------------------------------------------------|
| 1. TITLE           | 4. CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/> |
| 2. NAME            | THOMAS J. MCELHENY                                                              |
| 3. STREET ADDRESS  | 1726 BENEVA ROAD                                                                |
| 4. CITY, ST, ZIP   | SARASOTA, FL 34238                                                              |
| 5. TITLE           | 4. CHANGE <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/> |
| 6. NAME            | DELETE                                                                          |
| 7. STREET ADDRESS  |                                                                                 |
| 8. CITY, ST, ZIP   |                                                                                 |
| 9. TITLE           | 4. CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>            |
| 10. NAME           |                                                                                 |
| 11. STREET ADDRESS |                                                                                 |
| 12. CITY, ST, ZIP  |                                                                                 |
| 13. TITLE          | 4. CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>            |
| 14. NAME           |                                                                                 |
| 15. STREET ADDRESS |                                                                                 |
| 16. CITY, ST, ZIP  |                                                                                 |
| 17. TITLE          | 4. CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>            |
| 18. NAME           |                                                                                 |
| 19. STREET ADDRESS |                                                                                 |
| 20. CITY, ST, ZIP  |                                                                                 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THOMAS J. MCELHENY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

813-947-3344