

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S44004** (7)

1. Corporation Name

**C & M JOSEPH, INC.**

Principal Place of Business

**344 SCARLET BUGLER LANE SOUTH  
JACKSONVILLE FL 32225**

Mailing Address

**344 SCARLET BUGLER LANE SOUTH  
JACKSONVILLE FL 32225**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SHEFFIELD, J. HOWARD  
4209 BAYMEADOWS RD.  
JACKSONVILLE FL 32217**

81 Name

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

83

84 City

FL 85 Zip Code

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 time of appointment

(NOTE: Registered Agent Signature required with this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PD  
JOSEPH, CHARLES  
344 SCARLET BUGLER LANE SOUTH  
JACKSONVILLE FL 32225**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VD  
JOSEPH, MICHAEL RAYMOND  
3311 SOUTH OCEAN DRIVE  
JACKSONVILLE BEACH FL 32250**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**S.T.  
JOSEPH, RAYMOND MICHAEL  
3311 SOUTH OCEAN DRIVE  
JACKSONVILLE BEACH FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY-STATE-ZIP ☐ Change ☐ Addition

5. CITY-STATE-ZIP ☐ Change ☐ Addition

6. CITY-STATE-ZIP ☐ Change ☐ Addition

7. CITY-STATE-ZIP ☐ Change ☐ Addition

8. CITY-STATE-ZIP ☐ Change ☐ Addition

9. CITY-STATE-ZIP ☐ Change ☐ Addition

10. CITY-STATE-ZIP ☐ Change ☐ Addition

11. CITY-STATE-ZIP ☐ Change ☐ Addition

12. CITY-STATE-ZIP ☐ Change ☐ Addition

13. CITY-STATE-ZIP ☐ Change ☐ Addition

14. CITY-STATE-ZIP ☐ Change ☐ Addition

15. CITY-STATE-ZIP ☐ Change ☐ Addition

16. CITY-STATE-ZIP ☐ Change ☐ Addition

17. CITY-STATE-ZIP ☐ Change ☐ Addition

18. CITY-STATE-ZIP ☐ Change ☐ Addition

19. CITY-STATE-ZIP ☐ Change ☐ Addition

20. CITY-STATE-ZIP ☐ Change ☐ Addition

21. CITY-STATE-ZIP ☐ Change ☐ Addition

22. CITY-STATE-ZIP ☐ Change ☐ Addition

23. CITY-STATE-ZIP ☐ Change ☐ Addition

24. CITY-STATE-ZIP ☐ Change ☐ Addition

25. CITY-STATE-ZIP ☐ Change ☐ Addition

26. CITY-STATE-ZIP ☐ Change ☐ Addition

27. CITY-STATE-ZIP ☐ Change ☐ Addition

28. CITY-STATE-ZIP ☐ Change ☐ Addition

29. CITY-STATE-ZIP ☐ Change ☐ Addition

30. CITY-STATE-ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

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-04/10/96--01086--009  
\*\*\*200.00

4/4/96

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