

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S52432 (9)

1. Corporation Name

C.M.L. BUILDING CO., INC.

Principal Place of Business

2 OCTAVIA WAY
P.O. BOX 1073
SAFETY HARBOR FL 34695

Mailing Address

2 OCTAVIA WAY
P.O. BOX 1073
SAFETY HARBOR FL 34695



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

FERRIS JR, WILLIAM E.
2 OCTAVIA WAY
SAFETY HARBOR FL 34695

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
05/15/1991

3a. Date of Last Report
02/28/1995

4. FEI Number

59-3066141

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

10. Name and Address of New Registered Agent

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 his or her address

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME FERRIS, WILLIAM E JR
STREET ADDRESS 2 OCTAVIA WAY
CITY-ST-ZIP SAFETY HARBOR FL

TITLE D
NAME FERRIS, SANDRA L
STREET ADDRESS 2 OCTAVIA WAY
CITY-ST-ZIP SAFETY HARBOR FL

TITLE PD
NAME FERRIS, WILLIAM E. J
STREET ADDRESS 2 OCTAVIA WAY
CITY-ST-ZIP SAFETY HARBOR FL

TITLE VD
NAME FERRIS, SANDRA L
STREET ADDRESS 2 OCTAVIA WAY
CITY-ST-ZIP SAFETY HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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: *William E. Ferris Jr*
WILLIAM E FERRIS JR

3-29-96

813
725-4848

CR2E034 (12/95)