

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S60771**

Corporation Name
CMB HOLDINGS, INC.

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90007 049 ***550.00



Principal Place of Business
**71 MCMULLEN BOOTH RD
STE 309
CLEARWATER FL 34619**

Mailing Address
**2471 MCMULLEN BOOTH RD
STE 309
CLEARWATER FL 34619
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**7650 W. Courtney Campbell Causeway
Suite, Apt. #, etc.
1120
City & State
Tampa FL
Zip
33607**

2a. Mailing Address
**7650 W. Courtney Campbell Causeway
Suite, Apt. #, etc.
Suite 1120
City & State
Tampa FL
Zip
33607**

Country
U.S.

3. Date Incorporated or Qualified
06/17/1991

4. FEI Number
65-0269910

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BIDDINGER, CLAY M.
2502 N. ROCKY POINT DRIVE
SUITE 375
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name
Biddinger, Clay M

82 Street Address (P.O. Box Number is Not Acceptable)
7650 W. Courtney Campbell Causeway

83
Suite 1120

84 City
Tampa

85 Zip Code
FL 33607

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

PTD	DELETE
BIDDINGER, CLAY M	<input type="checkbox"/>
2841 COBBLESTONE DR	
PALM HARBOR FL	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

VTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Attalla, Michael J.	
1022 Chillum Ct	
Safety Harbor, FL 34695	
PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Biddinger, Clay M	
2841 Cobblestone Dr.	
Palm Harbor FL 34684	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

REQUIRED

8/24/99

913 387 4087

CR2E034 (5/99)