FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:44

DOCUMENT # **S62028** **(3)**

1. Corporation Name

CMT HOLDINGS OF ANNA MARIA ISLAND, INC.

Principal Place of Business	Mailing Address
5340-1 GULF DRIVE ATTN E KLEMENTS HOLMES BEACH FL 34217 US	P O BOX 6600 ATTN E KLEMENTS CLEARWATER FL 34618 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1991
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0268236 ☐ 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

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

9. Name and Address of Current Registered Agent

~~HIGGINS, JOHN F~~
~~100 SECOND AVENUE SOUTH~~
~~12TH FLOOR~~
~~ST. PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name: Morris A. LeCompte, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 100 Second Avenue South
83: City Center - 12th Floor
84 City: St. Petersburg FL 85 Zip Code: 33701

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: Morris A. LeCompte — Morris A. LeCompte — 2/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	COPE, RICHARD W.	1.2 NAME		
STREET ADDRESS	19353 US HWY 19 NORTH, SUITE 100	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP		
TITLE	DSA	2.1 TITLE		☐ Change ☐ Addition
NAME	TOOKE, EDWIN C.	2.2 NAME		
STREET ADDRESS	19353 US HWY 19 N SUITE 100	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	MUELLER, JAMES G.	3.2 NAME		
STREET ADDRESS	2101 W. COMMERCIAL BLVD #4000	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	TA	4.1 TITLE		☐ Change ☐ Addition
NAME	STICCO, LEWIS A	4.2 NAME		
STREET ADDRESS	19353 US HWY 19 N SUITE 100	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	AVP	5.1 TITLE	V	☒ Change ☐ Addition
NAME	MCQUIGG, EUGENIA F	5.2 NAME		
STREET ADDRESS	19353 US HWY 19 N SUITE 100	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: P.A. [signature] Lewis A. Sticco 4/6/95 813/538-5468
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

05/1994 CP