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 MAR -8 PM 2:35

DOCUMENT # S90496 (8)

1. Corporation Name
C & M AND SON, INC.

Principal Place of Business	Mailing Address
230 E. HWY. 50 WINTER GARDEN FL 34787 US	230 E. HWY. 50 WINTER GARDEN FL 34787 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/29/1991
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 1500 WURST RD
22 Suite, Apt. #, etc.: UNIT # 6
23 City & State: OCOEE FLORIDA
24 Zip: 34761 25 Country: ORANGE

2a. Mailing Address
26 14151 COUNTRY ESTATES DR
27 Suite, Apt. #, etc.:
28 City & State: WINTER GARDEN, FL
29 Zip: 34787 30 Country: ORANGE

4. FEI Number: 59-3094631 ☐ 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

9. Name and Address of Current Registered Agent

GOMES, CARLOS
~~230 E. HWY. 50~~
~~WINTER GARDEN FL 34787~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 14151 COUNTRY ESTATES DR
83
84 City: WINTER GARDEN FL 85 Zip Code: 34787

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 _____ DATE
(Signature of or printed name of registered agent and the date adjacent) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	GOMES CARLOS	12 NAME	
STREET ADDRESS	~~230 E. HWY. 50~~	13 STREET ADDRESS	14151 COUNTRY ESTATES DR
CITY-ST-ZIP	~~WINTER GARDEN FL~~	14 CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	DST	21 TITLE	☒ Change ☐ Addition
NAME	GOMES MARIA	22 NAME	
STREET ADDRESS	~~230 E. HWY. 50~~	23 STREET ADDRESS	14151 COUNTRY ESTATES DR
CITY-ST-ZIP	~~WINTER GARDEN FL~~	24 CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	~~GOMES, CARLOS J~~	32 NAME	
STREET ADDRESS	~~230 E. HWY. 50~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~WINTER GARDEN FL~~	34 CITY-ST-ZIP	
TITLE	JOSEPH T. REES V/P	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS	148 HAZEL ST	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

Off

14. I/We 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: /s/ Maria Gomes 3/2/95 (407) 656-1181
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED (Date) (Daytime Phone #)

0376065 CP