FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)C & M AND SON, INC. Principal Place of Business Mailing Address 1500 WURST RD 14151 COUNTY ESTATES DR LINIT #6 **NEON FL 34787** DO NOT WRITE IN THIS SPACE **OCOEE FL 34761** us Winter Garden 3. Date Incorporated or Qualified 10/29/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3094831 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζφ Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GOMES, CARLOS 14151 COUNTRY ESTATES DR Street Address (P.O. Box Number is Not Acceptable) WINTON GARSON FL 34787 83 84 Zip Code 85 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 title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **GOMEZ, CARLOS** NAME 1.2 NAME 230 E. HWY. 50 STREET ADDRESS 1.3 STREET ADDRESS WINTER GARDEN FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME GOMEZ, MARIA 2.2 NAME 230 E. HWY. 50 STREET ADDRESS 2.3 STREET ADDRESS WINTER GARDEN FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GOMES, CARLOS J NAME 3.2 NAME 230 E. HWY. 50 STREET ADDRESS 3.3 STREET ADDRESS WINTER GARDEN FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. 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 eath; 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

6.4 CITY - ST - ZIP

6 1 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE: 4

TITLE

NAME

STREET ADORESS

CITY-S1-ZIP

DELETE

407-656-2730

☐ Addition