

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

CORPORATION  
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Secretary of State

Secretary of State

1900 Bank Building, Tallahassee, FL 32301

DOCUMENT # S94709

(0)

1. Corporation Name

CGM OF MERRITT ISLAND, INC.

Principal Office Address

645 FERN DR  
MERRITT ISLAND FL 32952  
US

Mailings Address

645 FERN DR  
MERRITT ISLAND FL 32952  
US

APPROVED  
AND  
FILED

RECEIVED  
MAY 11 9:37

RECEIVED  
STATE  
TALLAHASSEE, FLORIDA

2. FILING FEE (SEE INSTRUCTIONS)

3. Date of Report or Quarterly 11/15/1991 3a. Date of Last Report 08/12/1994

4. Filing Number 59-30999882 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

7. This corporation is subject to the provisions of Chapter 400, Florida Statutes ☒ Yes ☐ No

2. Principal Office Address

21. State Apt. # etc.

22. City & State

23. City & State

24. City & State

2a. Mailing Address

26. State Apt. # etc.

27. City & State

28. City & State

29. City & State

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARREN, CAROL  
645 FERN DR  
MERRITT ISLAND FL 32952

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.04(1)(c) 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 607.04(1)(c), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when Registered Agent is not the corporation)

Signature of Registered Agent (Required when Registered Agent is not the corporation)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                   |
|--------------------|-------------------|
| 1. TITLE           | DPS               |
| 2. NAME            | WARREN, CAROL     |
| 3. STREET ADDRESS  | 1530 MERCURY      |
| 4. CITY & STATE    | MERRITT ISLAND FL |
| 5. TITLE           | DVT               |
| 6. NAME            | WARREN, GARY      |
| 7. STREET ADDRESS  | 1530 MERCURY      |
| 8. CITY & STATE    | MERRITT ISLAND FL |
| 9. TITLE           | DS                |
| 10. NAME           | WARREN, GARY II   |
| 11. STREET ADDRESS | 1530 MERCURY      |
| 12. CITY & STATE   | MERRITT ISLAND FL |
| 13. TITLE          |                   |
| 14. NAME           |                   |
| 15. STREET ADDRESS |                   |
| 16. CITY & STATE   |                   |
| 17. TITLE          |                   |
| 18. NAME           |                   |
| 19. STREET ADDRESS |                   |
| 20. CITY & STATE   |                   |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY & STATE    |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY & STATE    |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY & STATE   |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY & STATE   |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY & STATE   |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.04(1)(c) and 607.1508, Florida Statutes. I further certify that the information was obtained from the annual report or supplemental annual report in true and accurate form and that the signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 400, Florida Statutes, and that the other signatures of the officers or directors of the corporation are true and correct.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL L. WARREN

4-28-95 407 459 3963