

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

CORPORATION
ANNUAL REPORT
1996-1995



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

DOCUMENT # **V23834** (7)

1. Corporation Name
CENTRAL FLORIDA BUSINESS SOLUTIONS, INC.

Principal Place of Business
**357 THIRD STREET, N.W.
WINTER HAVEN FL 33881
US**

Mailing Address
**357 THIRD STREET, N.W.
WINTER HAVEN FL 33881
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/23/1992	3a. Date of Last Report 04/21/1994
4. FEI Number 59-3109248	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	

2. Principal Place of Business	2a. Mailing Address
21 2202 HAVENDALE BLVD Suite, Apt. #, etc.	26 2202 HAVENDALE BLVD Suite, Apt. #, etc.
22 WINTER HAVEN City & State	27 WINTER HAVEN City & State
23 FLORIDA Zip	28 FLORIDA Zip
24 33881 Country	25 US Country
29 33881 Country	30 US Country

9. Name and Address of Current Registered Agent
**MONTNEY, RICHARD H., JR.
1933 S. LAKE CANNON DRIVE, N.W.
WINTER HAVEN FL 33881**

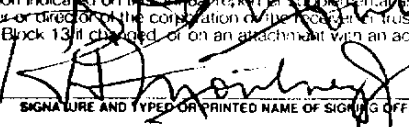
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME P SAUER, JOHN R.	13.1 TITLE ☐ Change ☐ Addition
12.2 STREET ADDRESS 186 LAKE TENNESSEE DRIVE AUBURNDALE FL	13.2 NAME
12.3 CITY-STATE-ZIP AUBURNDALE FL	13.3 STREET ADDRESS
12.4 NAME VP MONTNEY, RICHARD H. JR.	13.4 CITY-STATE-ZIP
12.5 STREET ADDRESS 1933 S. LAKE CANNON DRIVE, N.W. WINTER HAVEN FL	13.5 TITLE ☐ Change ☐ Addition
12.6 CITY-STATE-ZIP WINTER HAVEN FL	13.6 NAME
12.7 NAME S MONTNEY, GLENDA J	13.7 STREET ADDRESS
12.8 STREET ADDRESS 1933 S LAKE CANNON DR NW WINTER HAVEN FL	13.8 CITY-STATE-ZIP
12.9 CITY-STATE-ZIP WINTER HAVEN FL	13.9 TITLE ☒ Change ☐ Addition
12.10 NAME I SAUER, KAREN R	13.10 NAME
12.11 STREET ADDRESS 186 LAKE TENNESSEE DR AUBURNDALE FL	13.11 STREET ADDRESS
12.12 CITY-STATE-ZIP AUBURNDALE FL	13.12 CITY-STATE-ZIP
12.13 NAME	13.13 TITLE ☐ Change ☐ Addition
12.14 STREET ADDRESS	13.14 NAME
12.15 CITY-STATE-ZIP	13.15 STREET ADDRESS
12.16 NAME	13.16 CITY-STATE-ZIP
12.17 STREET ADDRESS	13.17 TITLE ☐ Change ☐ Addition
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12.19 NAME	13.19 STREET ADDRESS
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12.25 NAME	13.25 TITLE ☐ Change ☐ Addition
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12.29 STREET ADDRESS	13.29 TITLE ☐ Change ☐ Addition
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12.34 NAME	13.34 NAME
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12.36 CITY-STATE-ZIP	13.36 CITY-STATE-ZIP
12.37 NAME	13.37 TITLE ☐ Change ☐ Addition
12.38 STREET ADDRESS	13.38 NAME
12.39 CITY-STATE-ZIP	13.39 STREET ADDRESS
12.40 NAME	13.40 CITY-STATE-ZIP
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12.45 CITY-STATE-ZIP	13.45 TITLE ☐ Change ☐ Addition
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12.76 NAME	13.76 CITY-STATE-ZIP
12.77 STREET ADDRESS	13.77 TITLE ☐ Change ☐ Addition
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12.89 STREET ADDRESS	13.89 TITLE ☐ Change ☐ Addition
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12.94 NAME	13.94 NAME
12.95 STREET ADDRESS	13.95 STREET ADDRESS
12.96 CITY-STATE-ZIP	13.96 CITY-STATE-ZIP
12.97 NAME	13.97 TITLE ☐ Change ☐ Addition
12.98 STREET ADDRESS	13.98 NAME
12.99 CITY-STATE-ZIP	13.99 STREET ADDRESS
12.100 NAME	13.100 CITY-STATE-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)(a), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if it were made under oath; that I am an officer or director of the corporation or the registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra B. Mortham

Date
4/26/95

Deputy Secretary
813-297-9293
941-297-9293