

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V52639** (4)  
1. Corporation Name  
**CDH PRODUCTS, INC.**



Principal Place of Business  
**1802 TURKEY CREEK RD  
PLANT CITY FL 33567**

Mailing Address  
**P.O. BOX 301  
PLANT CITY FL 33564**

3. Date Incorporated or Qualified **07/20/1992** 3a. Date of Last Report **03/30/1995**

|                                                                                                     |                                                                                          |                                                                                                                    |                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 State, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 State, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br><b>59-3136923</b><br>Applied For<br>Not Applicable                                                | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |
|                                                                                                     |                                                                                          | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**MOBLEY, HAROLD W.  
1802 TURKEY CREEK RD  
PLANT CITY FL 33567**

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 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 607.0501 and 607.1506, 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 of person who is authorized to sign this statement

Date: Registered Agent Signature required when first filing

DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>D</b>                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MOBLEY, HAROLD W</b>   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>4606 STRAUSS RD</b>    | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>PLANT CITY FL</b>      | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b>                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MOBLEY, DAVID E</b>    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>5601 HWY 92 W</b>      | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>PLANT CITY FL</b>      | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b>                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOATRIGHT, CAROL A</b> | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>4912 PANDORA PL</b>    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>PLANT CITY FL</b>      | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                           | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                           | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                           | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                           | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                           | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                           | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 or person 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: *Harold W. Mobley* **Harold W. Mobley** 2-5-96 813 754-5567  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)