**FILED** 

Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90033 028 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G23867

1. Corporation Name

Principal Place of Business

C & C INTERNATIONAL, INC.

P.O. BOX 464 GULF BREEZE US		P.O. BOX 464 P.O. BOX 464 GULF BREEZE FL 32562 US	*****	**	DO NOT WRITE IN T  3. Date Incorporated or Qualifed  02/14/1983  4. FEI Number		plied For
21	1000 OF DUSTINGO	26			59-1583843	<u> </u>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		<del></del>		\$8.75	<del></del>
22	<i>n</i> , 0,0.	27			5. Certifcate of Status Desired	Fee Re	
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution	. <b>\$5.00</b> Added t	
Zip 24	Country 25	Zip	Country		<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	r Intangible ☐ Yes	□No
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
MURPHY, CHARLES 2730 SUN RUNNER LANE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
GUL	F BREEZE FL 32561	•	83				
			84	City		85 Zip (	Code
office or r	egistered agent or both in the S	State of Florida. Such change was author bligations of, Section 607.0505, Florida	rized by Statutes	the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its oppointment as re	registered gistered
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MURPHY, CHARLES		1.2 NAME	[			
STREET ADDRESS	2730 SUNRUNNER LN	· ·	1.3 STREET	ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL_		1.4 CITY-ST	r-ZIP			
TITLE	DST	☐ DELETE	2.1 TITLE			Change	Addition
NAME	MURHPY, CHING	· ·					
STREET ADDRESS	2730 SUNRUNNER LN	SUNRUNNER LN 2.33		ADDRESS			i
CITY-ST-ZIP	GULF BREEZE FL		2. 4 CITY- S	T-ZIP			C) A delition
TITLE			3.1 TITLE	ļ		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		Change	Addition
TITLE		LJ VELETE B	4.1 TITLE	1		onange	
NAME		1	4. 2 NAME	. A DODGE			
STREET ADDRESS		]	4 3 STREET	i			
STREET ADDRESS C/TY-ST-ZIP			4.3 STREET	i		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE	i		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	4.3 STREET	r-ZIP		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	ADDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	ADDRESS			Addition

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)