

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H18463

(0)

1. Corporation Name

CCF, INC.

Principal Place of Business

15530 - 42ND ST N
LOXAHATCHEE FL 33470

Mailing Address

15530 - 42ND ST N
LOXAHATCHEE FL 33470



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

KEEHR, MARILYN N.
15530 - 42ND ST N
LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified

08/28/1984

3a. Date of Last Report

02/17/1995

4. FEE Number

59-2442123

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

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 607.0502 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

Name of Registered Agent (Print Name and Address)

Name of Registered Agent (Print Name and Address)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE ☐ Change ☐ Addition
2. NAME	2.1 NAME
3. STREET ADDRESS	3.1 STREET ADDRESS
4. CITY, ST, ZIP	4.1 CITY, ST, ZIP
5. TITLE	5.1 TITLE ☐ Change ☐ Addition
6. NAME	6.1 NAME
7. STREET ADDRESS	7.1 STREET ADDRESS
8. CITY, ST, ZIP	8.1 CITY, ST, ZIP
9. TITLE	9.1 TITLE ☐ Change ☐ Addition
10. NAME	10.1 NAME
11. STREET ADDRESS	11.1 STREET ADDRESS
12. CITY, ST, ZIP	12.1 CITY, ST, ZIP
13. TITLE	13.1 TITLE ☐ Change ☐ Addition
14. NAME	14.1 NAME
15. STREET ADDRESS	15.1 STREET ADDRESS
16. CITY, ST, ZIP	16.1 CITY, ST, ZIP
17. TITLE	17.1 TITLE ☐ Change ☐ Addition
18. NAME	18.1 NAME
19. STREET ADDRESS	19.1 STREET ADDRESS
20. CITY, ST, ZIP	20.1 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 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:

Marilyn Keehr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

(407)790-2313

Date

Day/Year/Phone #

CR2E034 (12/95)