

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90019 001 ***158.75

DOCUMENT # K87900

1. Entity Name

C AND C POWER LINE, INC.

Principal Place of Business

12035 PALM LAKE DRIVE
 JACKSONVILLE FL 32218

Mailing Address

PO BOX 26100
 JACKSONVILLE FL 32226-6100
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2948723

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOFF, EARSEL B
430 GARDEN LN
ATLANTIC BCH FL 32233

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **V THOMAS, DENNIS R.**
 STREET ADDRESS **7391 BUNION DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE Change Addition
 NAME **V. Thomas, Dennis R.**
 STREET ADDRESS **2530 Highsmith Landing Lane**
 CITY-ST-ZIP **Jacksonville, FL 32226**

TITLE Delete
 NAME **ST YOUNG, ROBERT M**
 STREET ADDRESS **1588 CHELSEA PL.**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P GOFF, EARSEL B**
 STREET ADDRESS **430 GARDEN LN**
 CITY-ST-ZIP **ATLANTIC BCH FL 32233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V CHITTY, CHARLES U JR.**
 STREET ADDRESS **14800 EDWARDS CREEK RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Earsel B. Goff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

904-751-6020

Daytime Phone #

CRE034 (9/99)