

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000054102 (7)**

C&C TRUCKING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business:	Mailing Address:
914 ST. CLAIR STREET STE. M-159 MELBOURNE FL 32935	914 ST CLAIR STREET STE. M-159 MELBOURNE FL 32935

3. Date Incorporated or Qualified <b>08/03/1993</b>	3a. Date of Last Report <b>10/24/1994</b>
4. FEI Number <b>59-3220703</b>	Applied For <input type="checkbox"/> 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 corporate tax under § 100.095, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business:	2a. Mailing Address:
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
24. Type	29. Type
25. Private	30. Foreign

9. Name and Address of Current Registered Agent

**CLAY, JAMES G  
1924 RADNOR DRIVE  
MELBOURNE FL 32901-4227**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0500 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	P
2. NAME	CLAY, JAMES G
3. STREET ADDRESS	1924 RADNOR DR.
4. CITY, ST, ZIP	MELBOURNE FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that, not capable for the exemption stated in Section 19.01(1)(b), Florida Statutes. I further certify that the information related 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 person authorized or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears as such in the filing of this report, or as an attorney-in-fact, with an address:

SIGNATURE: *James G. Clay* James G. Clay 4/29/95 (407) 932-2850

NON-TYPED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR