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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthany

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000017544 (2)

C & C ENVIRONMENTAL & EROSION CONTROL SERVICES, INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4859 J STREET 4859 J STREET ST CLOUD FL 34771 ST CLOUD FL 34771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/20/1997 .2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-344-7760 21 26 Not Applicable Suite, Apt #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CAPLES, CHRISTOPHER L 81 Name 4859 J STREET 82 Street Address (P.O. Box Number is Not Acceptable) ST CLOUD FL 34771 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 607.05.05, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstalling) Signature, typod or pooled name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition 1.1 TITLE TITLE CAPLES, CHROSTOPHER L NAME 1.2 NAME 4859 J STREET STREET ADDRESS 1.3 STREET ADDRESS **ST CLOUD FL 34771** CITY-ST-ZIP 1.4 CHY-ST-2(P Change TITLE DELETE 21 TITLE Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST-7IP 2. 4 CHTY-S1-7/P \_\_ DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CHY-S1-7/P CITY-ST-ZIP DELETE Change Addition TITLE 41 THLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition TITLE 5 1 111LF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE & 1 THLE NAME 6.2 NAME

14. Thereby 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.

6.3 STREET ADDRESS

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STREET ADDRESS

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