

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90011 046 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$500 (IF UNPAID, MINIMUM AMOUNT DUE IS \$500)

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000084084 ✓
1. Corporation Name

C & F ENTERPRISES, INC



Principal Place of Business
4341 THOMAS DR. BOX B. 24
PANAMA CITY BEACH FL 32408

Mailing Address
4341 THOMAS DR. BOX B. 24
PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1998

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
59-3535449 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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

FRAZIER, BROCK
4341 THOMAS DR., BOX B. 24
PANAMA CITY BEACH FL 32408

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	BROCK FRAZIER	
STREET ADDRESS	4341 THOMAS DR. BOX B-24	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	BILLY W. COLLINS	
STREET ADDRESS	147 SKY DR	
CITY-ST-ZIP	JACKSON, MA-30233	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	BILLY W. COLLINS	
STREET ADDRESS	147 SKY DR	
CITY-ST-ZIP	JACKSON, MA-30233	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	BROCK FRAZIER	
STREET ADDRESS	4341 THOMAS DR BOX B-24	
CITY-ST-ZIP	PANAMA CITY, BEACH, FL 32408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-99 850-235-2431
Date Daytime Phone #

CR2E034 (5/99)