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55 MAY 23 AM 10:15

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Murdum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L83571** (4)
C AND C DIVERSIFIED SALES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **% CHARLES R. CLENDENNEY, JR.
3400 E. GULF TO LAKE HWY
INVERNESS FL 34453
US**

Mailing Address: **% CHARLES R. CLENDENNEY, JR.
3400 E. GULF TO LAKE HWY
INVERNESS FL 34453
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Registered or Renewed 06/27/1990	3a. Date of Last Report 04/18/1994
21. State App # etc.	26. State App # etc.	4. FEI Number 59-3016927	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. City & State	29. City & State	8. This corporation has liability for intangible tax under 1994 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLENDENNEY, CHARLES R., JR. 3400 E. GULF TO LAKE HWY INVERNESS FL 32650	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 219.01(3)(b) and 607.1106, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both of the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not a party to or participant in the preparation of this report under Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	P CLENDENNEY, CHARLES R. 3400 E. GULF TO LAKE HWY INVERNESS FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ST CLENDENNEY, CHRISTINE M. 3400 E. GULF TO LAKE HWY INVERNESS FL	1. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		1. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		1. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		1. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY & STATE		1. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and that I am qualified for the position stated in Section 1.11(1)(a) Florida Statutes. Further, I certify that the information is filed for the annual report or supplemental annual report in this and in each state and that my signature shall have the same legal effect as if made under oath. But 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 of this report or in an attachment with an address.

SIGNATURE: *C. R. Clendenney, Jr.*
E. R. CLENDENNEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-95
904-726-0007

