

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87900

Entity Name: C AND C POWER LINE, INC.

Current Principal Place of Business:

12035 PALM LAKE DRIVE
JACKSONVILLE, FL 32218

Current Mailing Address:

1684 W HIBISCUS BLVD
MELBOURNE, FL 32901 US

FEI Number: 59-2948723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOTTILE, JOHN H
1684 W. HIBISCUS BLVD.
MELBOURNE, FL 32901 US

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: JOHN H. SOTTILE

04/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COLLEY, JESSE B
Address 12035 PALM LAKE DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title VP
Name SPRENGER, MICHAEL E
Address 12035 PALM LAKE DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR, CHAIRMAN
Name BICKS, DAVID P
Address 1684 W. HIBISCUS BLVD.
City-State-Zip: MELBOURNE FL 32901

Title ASST. SECRETARY
Name DAILEY, DEBRA A
Address 12035 PALM LAKE DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY
Name DIAZ, DENISE L
Address 1684 W HIBISCUS BLVD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name FAZZINI, JOHN P
Address 1684 W HIBISCUS BLVD
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name LEITNER, DANFORTH E
Address 1684 W HIBISCUS BLVD
City-State-Zip: MELBOURNE FL 32901

Title TREASURER
Name PISCIOTTO, ANDREW P
Address 1684 W HIBISCUS BLVD
City-State-Zip: MELBOURNE FL 32901

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENISE L. DIAZ

SECRETARY

04/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name FISHER, MICHAEL A
Address 1805 HAMMOCK ROAD
City-State-Zip: TITUSVILLE FL 32796