

**2019 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:**

PO BOX 26100  
JACKSONVILLE, FL 32226-6100 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

03/20/2019

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

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*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**

03/20/2019

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