FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **397711** **(3)**

1. Corporation Name

C & A ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% DAVID L ADAMS 1408-28TH ST. NICEVILLE FL 32578	% DAVID L ADAMS 1408-28TH ST. NICEVILLE FL 32578

3. Date Incorporated or Qualified: **03/20/1972**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1527116** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMS, DAVID L
1536 N BEAL EXT
FT WALTON BCH FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, MARIA		1.2 NAME	
STREET ADDRESS	1408 28TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 00000		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, DAVID		2.2 NAME	
STREET ADDRESS	1408 28TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 00000		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, DONALD		3.2 NAME	
STREET ADDRESS	400 KELLY RD APT 20		3.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, CHRISTOPHER J		4.2 NAME	
STREET ADDRESS	7400 STERNSON AVE, NORTHVIEW TERRACE #205		4.3 STREET ADDRESS	
CITY-ST-ZIP	GIG HARBOR WA		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CUPP, MARCIA M		5.2 NAME	
STREET ADDRESS	313 B NICEVILLE AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Daniel L Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Mar 96 904-678-4021
Date Daytime Phone #