FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)688313 **DOCUMENT #** 1. Corporation Name C. AND J. CANDLES, INC. Mailing Address Principal Place of Business 9409 US HWY 19 NORTH 9409 US HWY 19 NORTH PORT RICHEY FL 34668 PORT RICHEY FL 34668 3. Date Incorporated or Qualified 09/19/1980 04/24/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2030551 Not Applicable 26 \$8.75 Additional 21 Suite, Apt #, etc. 5. Certificate of Status Desired Γ Suite, Apt. #, etc Fee Required 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, 23 Country Ζip Country ☐ Yes ☐ No Zio Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) MENKE, CHARLES 82 1401 U.S. HWY 19 NO., 591 GULFVIEW SQ.MALL 83 PORT RICHEY FL 33568 Zip Code 85 84 City 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 INCITE Registered Agent signature required where reliestings DATE CR2E034 (12/95) Signature: Typed or proved came of registered agent and the it accessable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition 12. DELETE TITLE 1.2 NAME MCPHAIL, LISA NAME 1.3 STREET ADDRESS 1401 US 19 N. #591 STREET ADDRESS 1.4 C-TY - ST - Z-P PORT RICHEY FL Addition CITY-ST-ZIP Change 2 1 TiT;.E DELF16 TITLE 2.2 NAME MENKE, JEANNE K 1401 US HWY 19 N, 591 2.3 STHEET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP PORT RICHEY FL Addit on ☐ Change CITY - ST - ZIP 3 1 T.TLE DELETE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 City - St - 7/P Addition CITY - S1 - ZIP DELFTE 4 1 III LE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-SI-ZIP Addition Change CITY - ST-ZIP DECETE 5 1 TifLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP ☐ Change Addition DITY-ST-ZIP DELETE 6 1 MILE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 14. Loo 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)(k). Florida Statutes, I further 14. Loo hereby 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 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 certify 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 or an attachment with an address.

Corporation

**Corporation*

SIGNATURE:

4/30/96 8/3-848-4500

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