FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706139 (3)

1. Corporation Name

C. C., INC.

Principal Place of Business	Mailing Address
2011 GULF SHORE BLVD NO NAPLES FL 33940-4658	2011 GULF SHORE BLVD NO NAPLES FL 33940-4658

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1963
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1052201 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

~~LOWRY, DONALD I~~ Boyd McDowell II
2011 GULF SHORE BOULEVARD NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: ~~Dr. Frank Mohr~~ Boyd McDowell
82 Street Address (P.O. Box Number is Not Acceptable): 2011 Gulf Shore Blvd. N.
83
84 City: Napels, FL 85 Zip Code: 33940

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: Boyd McDowell II — 2/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MOHR, FRANK T	1.2 NAME	
STREET ADDRESS	2011 GULF SHORE BLVD NO	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	GIANNINI, MARIO	2.2 NAME	
STREET ADDRESS	2011 GULF SHORE BLVD NO	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCDOWELL, BOYD II	3.2 NAME	
STREET ADDRESS	2011 GULF SHORE BLVD NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PIERCE, PHYLLIS	4.2 NAME	
STREET ADDRESS	2011 GULF SHORE BLVD NO	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	S ☒ Change ☐ Addition
NAME	PETERSON, GRETCHEN	5.2 NAME	Carol Butler
STREET ADDRESS	2011 GULF SHORE BLVD NO	5.3 STREET ADDRESS	2011 Gulf Shore Blvd N.
CITY-ST-ZIP	NAPLES, FL 00000	5.4 CITY-ST-ZIP	Naples, FL 33940
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	BROWN, JEREMY	6.2 NAME	Catherine DeVito
STREET ADDRESS	2011 GULF SHORE BLVD NO	6.3 STREET ADDRESS	2011 Gulf Shore Blvd. N.
CITY-ST-ZIP	NAPLES, FL 00000	6.4 CITY-ST-ZIP	Naples, FL 33940

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank T Mohr Jr President — 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00198888