

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 706139 (3)

1. Corporation Name

C. C., INC.



Principal Place of Business

2011 GULF SHORE BLVD NO  
NAPLES FL 33940-4668

Mailing Address

2011 GULF SHORE BLVD NO  
NAPLES FL 33940-4668

3. Date Incorporated or Qualified  
09/11/1963

3a. Date of Last Report  
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1052201

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDOWELL, BOYD  
2011 N GULF SHORE BLVD  
NAPLES FL 33940

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOHR, FRANK T	
STREET ADDRESS	2011 GULF SHORE BLVD NO	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GIANNINI, MARIO	
STREET ADDRESS	2011 GULF SHORE BLVD NO	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCDOWELL, BOYD II	
STREET ADDRESS	2011 GULF SHORE BLVD NO	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERCE, PHYLLIS	
STREET ADDRESS	2011 GULF SHORE BLVD NO	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUTLER, CAROL	
STREET ADDRESS	2011 N GULF SHORE BLVD	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEVITO, CATHERINE	
STREET ADDRESS	2011 N GULF SHORE BLVD	
CITY-ST-ZIP	NAPLES, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.O.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Boyd McDowell	
1.3 STREET ADDRESS	2011 Gulf Shore Blvd N.	
1.4 CITY-ST-ZIP	Naples, FL 33940	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mario Giannini	
2.3 STREET ADDRESS	2011 Gulf Shore Blvd N.	
2.4 CITY-ST-ZIP	Naples, FL 33940	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	J. T. Tjert	
3.3 STREET ADDRESS	2011 Gulf Shore Blvd N.	
3.4 CITY-ST-ZIP	Naples, FL 33940	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Phyllis W. Pierce	
4.3 STREET ADDRESS	2011 Gulf Shore Blvd N.	
4.4 CITY-ST-ZIP	Naples, FL 33940	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carol Butler	
5.3 STREET ADDRESS	2011 N Gulf Shore Blvd	
5.4 CITY-ST-ZIP	Naples, FL 33940	
6.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Carol Butler	
6.3 STREET ADDRESS	2011 N Gulf Shore Blvd	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 941-262-6852

CR2E037 (12/95)