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Feb 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

2011 GULF SHORE BLVD NO
NAPLES FL 33940-4668

2011 GULF SHORE BLVD NO
NAPLES FL 34102-4632

3. Date Incorporated or Qualified
09/11/1963

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MOHR, FRANK T
STREET ADDRESS 2011 GULF SHORE BLVD NO
CITY-ST-ZIP NAPLES, FL 00000 ☒ DELETE

1.1 TITLE VP
1.2 NAME DON LOWRY
1.3 STREET ADDRESS 2011 GULF SHORE BLVD N
1.4 CITY-ST-ZIP NAPLES, FL 34102 ☐ Change ☒ Addition

TITLE VPD
NAME GIANNINI, MARIO
STREET ADDRESS 2011 GULF SHORE BLVD NO
CITY-ST-ZIP NAPLES, FL 00000 ☒ DELETE

2.1 TITLE D
2.2 NAME DON TIGERT
2.3 STREET ADDRESS 2011 GULF SHORE BLVD. N.
2.4 CITY-ST-ZIP NAPLES, FL 34102 ☐ Change ☒ Addition

TITLE ~~TO P~~
NAME MCDOWELL, BOYD II
STREET ADDRESS 2011 GULF SHORE BLVD NO
CITY-ST-ZIP NAPLES, FL 00000 ☐ DELETE

3.1 TITLE D
3.2 NAME CHAPIN JONES
3.3 STREET ADDRESS 2011 GULF SHORE BEVD. N
3.4 CITY-ST-ZIP NAPLES, FL. 34102 ☐ Change ☒ Addition

TITLE D
NAME PIERCE, PHYLLIS
STREET ADDRESS 2011 GULF SHORE BLVD NO
CITY-ST-ZIP NAPLES, FL 00000 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S Carol S. Butler
NAME BUTLER, CAROL
STREET ADDRESS 2011 N GULF SHORE BLVD
CITY-ST-ZIP NAPLES, FL 00000 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME DEVITO, CATHERINE
STREET ADDRESS 2011 N GULF SHORE BLVD
CITY-ST-ZIP NAPLES, FL 00000 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

CAROL S. BUTLER

2/17/97

941-261-7191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 008876

CR2E037 (9/96)