FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

0003159

DOCUMENT # 706139

1. Corporation Name

C. C., INC.

Principal Place of Business	Mailing Address
2011 GULF SHORE BLVD NO NAPLES FL 34102 US	2011 GULF SHORE BLVD NO NAPLES FL 34102 US

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/11/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1052201 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDOWELL, BOYD II 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 617.0502, Florida Statutes.

SIGNATURE Boyd McDowell II (Boyd McDowell) 1-5-99
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	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DON LOWRY		1.2 NAME		
STREET ADDRESS	2011 GULF SHORE BLVD N		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TIGERT, J DONALD		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	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAPIN JONES		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	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, CAROL		4.2 NAME		
STREET ADDRESS	2011 N GULF SHORE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEVITO, CATHERINE		5.2 NAME		
STREET ADDRESS	2011 N GULF SHORE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, GRETCHEN		6.2 NAME		
STREET ADDRESS	2011 Gulf Shore Blvd No		6.3 STREET ADDRESS	02-22-1999 90051 014. 6125	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Boyd McDowell II 1/5/99 (941) 261 7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Boyd McDowell

CR2E037 (11/98)