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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 724466 (8)

1. Corporation Name

CCAR SERVICES, INC.



Principal Place of Business

Mailing Address

1107 MIDDLEBURG AVE.  
GREEN COVE SPRINGS FL 32043

1107 MIDDLEBURG AVE.  
GREEN COVE SPRINGS FL 32043

3. Date Incorporated or Qualified  
10/02/1972

3a. Date of Last Report  
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBB, RICHARD W.  
431 STOWE AVENUE  
ORANGE PARK FL 32073

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVP  
D. GLEN OAKES  
7732 RIVER AVE.  
GREEN COVE SPRINGS FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
D  
Susan Rowley  
1483 Wild Iris Lane  
Orange Park, FL 32073

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
KELLY, EDWARD  
200 W. FORSYTH STREET  
JACKSONVILLE FL 32201

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
D  
Terry Croutharmel  
2177 Kingsley Avenue #1  
Orange Park, FL 32073

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
HAGEN, DR PAUL P  
100 HUFFMAN STREET  
PENNY FARMS, FL 00000

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
D  
John Kopelousos  
1269 Kingsley Avenue  
Orange Park, FL 32073

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SMITH, WILBUR  
279 BONNLYN DR  
ORANGE PARK, FL 00000

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PAINE, ROBERT  
730 MYRTLE AVE.  
GREEN COVE SPRINGS FL 32043

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HOELTING, VIOLA  
721 WATER OAK LANE  
GREEN COVE SPRINGS FL 32043

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

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

4/10/96

Date

904 284-9859

Daytime Phone #

CR2E037 (12/95)