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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 724466

1. Corporation Name

CCAR SERVICES, INC.

Principal Place of Business

1107 MIDDLEBURG AVE.
GREEN COVE SPRINGS FL 32043

Mailing Address

1107 MIDDLEBURG AVE.
GREEN COVE SPRINGS FL 32043



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/02/1972

4. FEI Number

59-1478621

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

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

TITLE **D** ☐ DELETE
NAME **ROWLEY, SUSAN**
STREET ADDRESS **1483 WILD IRIS LANE**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **John Kopelousos**
1.3 STREET ADDRESS **1269 Kingsley Avenue**
1.4 CITY-ST-ZIP **Orange Park, FL 32073**

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **Arthur Moore**
2.3 STREET ADDRESS **262 St. George Street**
2.4 CITY-ST-ZIP **St. Augustine, FL 32084**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **Paul P. Hagen** SIGNATURE REQUIRED **Paul P. Hagen** 3/15/99 904 284-985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)