

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F92000000287 (4)

1. Corporation Name:  
CCI CONSTRUCTION CO., INC.



Principal Place of Business

4720 OLD GETTYSBURG ROAD  
MECHANICSBURG PA 17055

Mailing Address

4720 OLD GETTYSBURG ROAD  
MECHANICSBURG PA 17055

3. Date Incorporated or Qualified  
11/04/1992

3a. Date of Last Report  
02/07/1996

4. FEI Number  
25-1587897

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

2. Principal Place of Business

21 203 Lynndale Court  
Suite, Apt #, etc.

2a. Mailing Address

26 P.O. Box 1129  
Suite, Apt #, etc.

City & State

23 Mechanicsburg, PA  
Zip 17055

City & State

28 Mechanicsburg, PA  
Zip 17055-1129

Country

25 Cumberland

Country

30 Cumberland

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CP	ORTENZIO, JOHN M	4720 OLD GETTYSBURG ROAD	MECHANICSBURG PA	<input type="checkbox"/>
VD	MILLER, SHANE A	1110 MUSKET LANE	MECHANICSBURG PA	<input type="checkbox"/>
S	PHILLIPS, SHERI	2221 ASPEN DRIVE	MECHANICSBURG PA	<input type="checkbox"/>
VP	MC ANINCH, DOUGLAS	3936 BROOKRIDGE DR	MECHANICSBURG PA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		203 Lynndale Court		<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
S, T				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

Date

717 691 3600

Daytime Phone #

CR2E034 (9/96)