2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
03-29-2002 91217 048 ***150.00

0049517 AV

DOCUMENT # G37289

1. Entity Name
FLORIDA C C I, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 204~~ ~~CHIPLEY FL 32428~~	~~P.O. BOX 204~~ ~~CHIPLEY FL 32428~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1674 White Rd	1674 White Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonifay Fl	City & State: Bonifay Fl
Zip: 32425 Country: Washington	Zip: 32425 Country: Washington

4. FEI Number 59-2294320 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAVEN, WILLIAM M.
1674 WHITE ROAD
BONIFAY FL 32425

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAVEN, JAMES B. ~~HWY. 280 EAST., BOX 204~~ ~~CHIPLEY FL~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James B. Craven 1674 White Rd Bonifay Fl 32425 ☑ Change ☐ Addition — Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CRAVEN, WILLIAM M ~~HWY 280 EAST BOX 204~~ ~~CHIPLEY, FL 00000~~ ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William M. Craven 1674 White Rd Bonifay Fl 32425 ☑ Change ☐ Addition — Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wm M. Craven — 3/17/02 — 850/638-1431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #