

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G44176** (7)

1. Corporation Name

C. C. G. & B. ENTERPRISES, INC.

Principal Place of Business

**18470 BURKHOLDER CIR
PORT CHARLOTTE FL 33949
US**

Mailing Address

**PO BOX 3947
PORT CHARLOTTE FL 33949
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/10/1983

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2295046

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

21 633 NORWOOD ST

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PORT CHARLOTTE FL

27 City & State

28

Zip

24 33952

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PONZIO, CAROLE J
18470 BURKHOLDER CIR.
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

81 Name

PONZIO, CAROLE J

82 Street Address (P.O. Box Number is Not Acceptable)

633 NORWOOD ST

83

84 City

PORT CHARLOTTE

FL

85 Zip Code

33952

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE DP
NAME PONZIO, CAROLE J
STREET ADDRESS 18470 BURKHOLDER CIR.
CITY - ST - ZIP PORT CHARLOTTE, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 633 NORWOOD ST
1.4 CITY - ST - ZIP PORT CHARLOTTE, FL 33952**

☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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)(b), 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 on an attachment with an address.

SIGNATURE:

Carole Ponzio, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROLE J. PONZIO PRES

4/29/95 813-627-6244
Date Daytime Phone #