

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -3 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G74447** (5)

1. Corporation Name  
**EIGHT C CORP.**

Principal Place of Business

P O BOX 4601  
HIALEAH FL 33014

Mailing Address

P O BOX 4601  
HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/15/1983**

3a. Date of Last Report  
**04/07/1994**

4. FEI Number  
**59-1432889**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

PAPY, CHARLES C., III  
201 ALHAMBRA CIRCLE  
SUITE 502  
CORAL GABLES FL 33134

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
D  
NAME  
PAPY, CHARLES C., III  
STREET ADDRESS  
201 ALHAMBRA CIRCLE #502  
CITY- ST- ZIP  
CORAL GABLES FL

TITLE  
P  
NAME  
LEGG, ELMO T.  
STREET ADDRESS  
314 E. GLENOAKS BLVD.  
CITY- ST- ZIP  
GLENDALE CA

TITLE  
V  
NAME  
COOPER, ROY  
STREET ADDRESS  
1800 NE 114 ST. #1511  
CITY- ST- ZIP  
NO. MIAMI FL

TITLE  
ST  
NAME  
CAMPBELL, NANCY K.  
STREET ADDRESS  
314 E. GLENOAKS BLVD.  
CITY- ST- ZIP  
GLENDALE CA

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

V  
COOPER, ROY  
4000 TOWERSIDE TERR., #2008  
MIAMI, FL 33138

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on the front of this 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 of this report, or on a supplemental report, with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR OFFICER OR DIRECTOR

*Roy Cooper*

2/15/95

305 825 241