

3-19-97 B-3278 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H10282** (2)

1. Corporation Name
C & C PEAT COMPANY, INC.



Principal Place of Business 18300 HONEYCUT ROAD GROVELAND FL 34736 US	Mailing Address PO BOX 443 MINNEOLA FL 34755-0443 US
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3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last Report 02/06/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-2492567	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	

9. Name and Address of Current Registered Agent

**COOK, STEPHEN M
9200 EDGEWATER DR
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

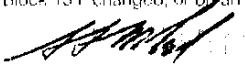
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	COOK, STEPHEN	1.2 NAME	
STREET ADDRESS	9200 EDGEWATER DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	CLERMONT FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	
NAME	CRECELIUS, RANDALL	2.2 NAME	
STREET ADDRESS	695 LINDEN ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	CLERMONT FL	2.4 CITY- ST- ZIP	
TITLE	STD	3.1 TITLE	
NAME	COOK, VICKY	3.2 NAME	
STREET ADDRESS	9200 EDGEWATER DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	CLERMONT FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	
NAME	RIDDEL, LYNDA	4.2 NAME	
STREET ADDRESS	18333 CR455	4.3 STREET ADDRESS	
CITY- ST- ZIP	MONTVERDE FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 included 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:  **Stephen M. Cook**

3/6/97 352-429-5706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)