

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

CORPORATION -
ANNUAL REPORT
1995



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

DOCUMENT # **H64186** (0)

1. Corporation Name

COMMUNITY CONCEPTS, INC.

FILED

95 JAN 23 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
661 BEVILLE RD., SUITE 206 SOUTH DAYTONA FL 32119		661 BEVILLE RD., SUITE 206 SOUTH DAYTONA FL 32119	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2566291	02/03/1994
22 City & State	27 City & State	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
UPCHURCH, PAUL N. 661 BEVILLE RD., SUITE 206 S. DAYTONA FL 32119		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	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	☒ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	☒ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	☒ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	☒ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. 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 110.07(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 recorder 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Signature) (Print Name)