

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG 14 PM 2:29

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H70549** (1)  
1. Corporation Name  
**C & C MECHANICAL CONTRACTORS INCORPORATED**



Principal Place of Business  
**C/O NEELY L. LEWIS  
1203 COMMERCIAL PARK DRIVE  
TALLAHASSEE FL 32303**

Mailing Address  
**C/O NEELY L. LEWIS  
1203 COMMERCIAL PARK DRIVE  
TALLAHASSEE FL 32303**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3143-B WEST THARPO ST</b> Suite, Apt. #, etc. 22 City & State 23 <b>TALLAHASSEE FL</b> Zip 24 <b>32307</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>3143-B WEST THARPO ST</b> Suite, Apt. #, etc. 27 City & State 28 <b>TALLAHASSEE FL</b> Zip 29 <b>32307</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>08/09/1985</b>		3a. Date of Last Report <b>07/22/1996</b>	
				4. FEI Number <b>59-2562772</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>LEWIS, NEELY L. 1203 COMMERCIAL PARK DRIVE TALLAHASSEE FL 32303</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEWIS, NEELY L. 2029 DOOMAR DR. TALLAHASSEE FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>VP LYNDA LEWIS 3158 FERNS GLEN DR. TALLAHASSEE FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CULBERTSON, AL 3504 CARRINGTON DR. TALLAHASSEE FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>T CULBERTSON, AL 3504 CARRINGTON DR. TALLAHASSEE FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JONES, JOHN 221 MARK CHARLES DR TALLAHASSEE FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>PD NEELY LEWIS 3158 FERNS GLEN DR TALLAHASSEE FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007392

CR2E034 (4/97)



(2)

# C & C MECHANICAL CONTRACTOR, INC.

1203 COMMERCIAL PARK DRIVE TALLAHASSEE, FLORIDA 32303  
3143-0 WEST TALLAHASSEE (904) 388-4754  
580-2575

8-5-97

TO: FL DEPT. OF STATE  
DIV. OF CORPORATIONS

RE: LATE FILING FEE

I DID NOT RECEIVE THE ORIGINAL NOTICE. THE POSTAL SERVICE DID NOT FORWARD THIS NOTICE, AS WELL AS APPROX 20% OF OTHER MAIL. THEY EITHER RETURNED IT TO YOU, OR THE EXISTING TENANT THREW IT AWAY. I CANNOT AFFORD THE LATE FEE. I AM NEVER LATE FILING THIS ANNUAL REPORT. IT SHOULDN'T HAPPEN AGAIN, IF THE NEW MAILING ADDRESS IS ENTERED.

THANK YOU

Nechy Lewis