1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H78209**

1. Corporation Name

JC & C ASSOCIATES, INC.

D-111	Di	-4 Oweles-	
Principal	Mace	of Business	

Mailing Address

1350 E-4 MAHAN DRIVE. #274 TALLAHASSEE FL 32308

1350 E-4 MAHAN DRIVE. #274 TALLAHASSEE FL 32308

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90125 032 ***150.00



					DO NOT WRITE IN THIS	SPACE	
					3. Date incorporated or Qualifed 09/25/1985		
2. Principal P	pal Place of Business 2a. Mailing Address				4. FEI Number 59-2579427		pplied For ot Applicable
21		26			3972378421		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	·	Additional equired
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution		May.Be _ to Fees
23	Country	28	Country	,			10 1 003
Zip	Country	Zip 30	¬ ′	,	This corporation owes the current year interpretation Personal Property Tax.	☐ Yes	⊠ No
24	25	11	<u>) </u>		10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81	Name	To. Hallo and Addition of the Hogisteria		
WHE	reside-curry, c			11447.5			
	E-4 MAHAN DRIVE, #274		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32308			83				
			84	City	FL	85 Zip	Code
						•	
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was autr	ionzea by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	ntment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature required			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Р	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	WHITESIDE-CURRY, C.		1.2 NAME				
STREET ADORESS	3927 CRAWFORDVILLE HWY, #	200/7	1.3 STREE	TADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310		1.4 CITY-5	T-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	CURRY, JOSEPH		2.2 NAME				
STREET ADDRESS	3927 CRAWFORDVILLE HWY, #	200/7	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32310		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADORESS			3.3 STREE	T ADDRESS			
C(TY-ST-ZIP			34. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
OUTV OT TIO			6.4 UTY :	T-ZIP			

14. I 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 reports 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 true 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, with all other like empowered.

SIGNATURE: C Whiteside +C

4/6/99

(850) 942-6188