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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:16

DOCUMENT # J08497 (6)

1. Corporation Name

C & C DEVELOPEMENT, INC.

Principal Place of Business	Mailing Address
~~K KIMBALL K ROSS~~ 520 KINGS RD..ST. CALLAHAN FL 32011	~~K KIMBALL K. ROSS~~ 520 KINGS RD..ST. CALLAHAN FL 32011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1986	3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2663259	☐ 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 Robert D. Courson	26 Robert D. Courson
Suite, Apt. #, etc. 22 520 Kings Rd S.	Suite, Apt. #, etc. 27 520 Kings Rd. S.
City & State 23 Callahan, FL	City & State 28 Callahan, FL
Zip 24 32011 Country 25 NASSAU	Zip 29 32011 Country 30 NASSAU

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COURSON, ROBERT D. 520 KINGS ROAD S. CALLAHAN FL 32011	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: Robert D. Courson 2/18/95
(Typed or printed name of person signing) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	COURSON, ROBERT D.	12 NAME	
STREET ADDRESS	RT. 2, BOX 1265	13 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	COURSON, MARTHA J.	22 NAME	
STREET ADDRESS	RT. 2, BOX 1265	23 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	OUTLER MATTHEW B.	32 NAME	
STREET ADDRESS	P O BOX 783 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an X in this box.

SIGNATURE: Robert D. Courson Robert D. Courson 2/18/95 (904) 879-1237
SIGNATURE AND TYPED OR PRINTED NAME OF WAIVING OFFICER OR DIRECTOR (Area Code & Daytime Phone #)

0400504 FP