

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J08497 (6)
1. Corporation Name
C & C DEVELOPEMENT, INC.



Principal Place of Business
%ROBERT D. COURSON
520 KINGS RD. S
CALLAHAN FL 32011
US

Mailing Address
%ROBERT D. COURSON
520 KINGS RD. S
CALLAHAN FL 32011
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/09/1986	
21 2119 South Kings Rd	26 2119 South Kings Rd	4. FEI Number 59-2663259		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State Callahan, FL		27 City & State Callahan, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip 32011	25 Country NASSAU	28 Zip 32011	30 Country NASSAU	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 COURSON, ROBERT D. 520 KINGS ROAD S. CALLAHAN FL 32011				10. Name and Address of New Registered Agent	
				81 Name Coursen, Robert D.	
				82 Street Address (P.O. Box Number is Not Acceptable) 2119 South Kings Rd	
				83	
				84 City Callahan FL	
				85 Zip Code 32011	

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] DATE 3/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COURSON, ROBERT D.		1.2 NAME Coursen, Robert D.	
STREET ADDRESS RT. 2, BOX 1265		1.3 STREET ADDRESS 3909 MT. OLIVE RD.	
CITY-ST-ZIP CALLAHAN FL		1.4 CITY-ST-ZIP Callahan, FL 32011	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COURSON, MARTHA J.		2.2 NAME Coursen, Martha J.	
STREET ADDRESS RT. 2, BOX 1265		2.3 STREET ADDRESS 3909 MT. OLIVE RD.	
CITY-ST-ZIP CALLAHAN FL		2.4 CITY-ST-ZIP Callahan, FL 32011	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KILPATRICK, DAWN A		3.2 NAME Kilpatrick, Dawn A.	
STREET ADDRESS 520 KINGS RD SOUTH		3.3 STREET ADDRESS Box 969 3909 MT. OLIVE RD.	
CITY-ST-ZIP CALLAHAN FL		3.4 CITY-ST-ZIP Callahan, FL 32011	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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.

CR2E034 (10/97)

Dep. \$156.75