

File Now. Filing Fee after May 1 is \$225.00

APPROVED
AND
FILED

95 MAR 15 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995-1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # J11969 (9)**
C & C ELECTRICAL CONTRACTORS, INC.
3202 CANAL PL 3748 MARTHA CT.
LAND O LAKES FL 34639-4558

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address **MARTHA**
2748 MARTHA CT.
Suite, Apt. #, etc.
City & State
Zip Country
2a. Principle Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualified **04/28/1986**
3a. Date of Last Report **09/08/1992**
4. FEI Number **592679509**
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**
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ **\$138.75 Supplemental Fee Not Required**
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

CONNLEY, GREGORY T
3202 CANAL PL
LAND O LAKES FL 34639

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
86 Country
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **D/P**
1.2 NAME **CONNLEY, GREGORY**
1.3 ADDRESS **1043 CANAL ST.**
1.4 CITY-ST-ZIP **LAND O LAKES FL**
2.1 TITLE **S/T**
2.2 NAME **CONNLEY, GREGORY**
2.3 ADDRESS **1043 CANAL ST.**
2.4 CITY-ST-ZIP **LAND O LAKES FL**
3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE
1.2 NAME
1.3 ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP
700001431777
-03/16/95--01084--008
*****200.00 ***200.00**
3/15

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, or on an attachment with an address.

SIGNATURE **Greg Connley**

DATE **3/10/95**

Print/Type Name of Signing Officer or Director

Title

Daytime Telephone Number

GREG CONNLEY

PRESIDENT - SECRETARY

(813) 996-3985