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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J11969 1. Corporation Name

CITY-ST-ZIP

C & C ELECTRICAL CONTRACTORS, INC.

	·.							
Principal Place of Business Mailing Address						, , , , , , , , , , , , , , , , , , , ,		
5100 US HWY 41 27612 PROSPECT PL								
LAND O'LAKES FL 34639 WESLEY CHAPEL FL 33544						DO NOT WRITE IN THI	S SPACE	
		ديدسسيد ر .				3. Date Incorporated or Qualifed 04/28/1986	30 0 .	
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				59-2679509	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	Additional
22		27			•	5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zíp	Country	Zip		untry		8. This corporation owes the current year I		
24	25	29	30	,		Personal Property Tax.	[_] Yes	□No
	9. Name and Address of Curren	t Registered Agent		81		10. Name and Address of New Registere	3 Agent	
CON	NLEY, GREGORY T			01	Name			
	2 PROSPECT PLACE		82 Street Addre			Iress (P.O. Box Number is Not Acceptable)		
	LEY CHAPEL FL 33544					<u></u>		
1123	LET CHAPEL PL 33344	·		83				
•				84	City	F	85 Zip 0	Code
	·			<u> </u>		-		societorod
office or re agent. I a	egistered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such changé was	autnonze	o ov	tne comorati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable. (NC	TE: Registere	ю Адел	t signature requir	ed when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS		
TITLE .	DPST	☐ DELETE	1.1 7	TITLE			☐ Change	Addition
NAME	CONNLEY, GREGORY		1.21	AME	1			1
STREET ADDRESS	27612 PROSPECT PLACE		1.3 9	STREET	ADDRESS	•		[
CITY-ST-ZIP	WESLEY CHAPEL FL			CITY-S1	r-ZIP		Chassa	Addition
TITLE		☐ DELETE	2.17	TITLE	1		☐ Change	Addition
NAME			2.21	VAME				ļ
STREET ADDRESS			2.3 9	STREET	ADDRESS			1
CITY-ST-ZIP			2. 4	CITY-S	T-ZIP			- Addition
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NAME			3.21	NAME				Į
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NAME				NAME				
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NAME				NAME				
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CITY-ST-ZIP,				CITY-ST	1-ZIP		☐ Change	Addition
TITLE		☐ DELETE		NAME				- radius;
NAME					ADDRESS			1
STREET ADDRESS	l .		0.3	DIREC!	ADDITEOS [

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90076 048 ***150.00