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 # 1. Corporation Name J66114

C.C. SPECIALIST, INC.

FILED
May 03, 1999 8:00 am
Secretary of State
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			_				
Principal Place	of Business	Mailing Address			1 (8 81410 - 6110 - 9)1/6 - 8118: 11881 11811 - 8181 - 8181		***************************************
C/O RONNIE L. CYREE 1205 BAYOU COURT PANAMA CITY FL 32401		C/O RONNIE L. CYREE 1205 BAYOU COURT PANAMA CITY FL 32401		DO NOT WRITE IN THE	S SPACE	····	
US US					3. Date Incorporated or Qualifed		
					04/02/1987		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	⊢	Applied For
21		26			<u>59-2804549</u>		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Counti	у	8. This corporation owes the current year Ir	tangible	
24 25 29		29 30			Personal Property Tax.		
	9. Name and Address of Currer	t Registered Agent		.,	10. Name and Address of New Registered	i Agent	
			8	1 Name			j
	ks, donald J. Magnolia avenue		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	. .	
	MAGNOLIA AVENOE AMA CITY FL 32401		8	3		 -	-
IAW	AINA OITT I E OCTOT		Ľ				
			8	4 City	FI	_ 85 Zi	p Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was author	orized b	y the corporat	poration submits this statement for the purpose of tion's board of directors, I hereby accept the appo	of changing pintment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered age	ANOTE: Par	hotored An	ont signature requi	red when reinstating) DATE		{
12.		ID DIRECTORS	13.	un agnata jaga	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	S	☐ DELETE	1.1 TITLE			☐ Chang	e Addition
NAME	CYREE, RONNIE L.		1.2 NAME	:			Ĭ
STREET ADDRESS	1205 BAYOU COURT		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-	ST-ZIP			
TITLE	P	☐ DELETE	2.1 TITLE	:]		Chang	e 🔲 Addition
NAME	MORELAND, REBECCA K.		2.2 NAME	:			
STREET ADDRESS	1205 BAYOU COURT		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY	-ST-ZIP			. Daniel
TITLE		☐ DÉLETE	3.1 TITLE			☐ Chang	e Addition
NAME			3.2 NAME		0		
STREET ADDRESS			ł	ET ADDRESS			
CITY-ST-ZIP		- Doger	3.4. CITY			☐ Chang	e Addition
TITLE		☐ DELETE	4.1 TITLE	•		[Chang	e Clycomon
NAME			4. 2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY- 5.1 TITLE			Chang	e 🗀 Addition
TITLE				:			
		☐ OELETE					1
NAME		DELETE	5.2 NAME	<u> </u>			1
NAME STREET ADDRESS	· ·	☐ OELETE	5.2 NAME 5.3 STRE	ET ADDRESS		criaing	
NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME	ET ADDRESS ST-ZIP			e
NAME STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STRE 5.4 C/TY-	ET ADDRESS ST-ZIP		☐ Chang	e

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, with all other like empowered.

Rebecca K More LAND 042898 8507690417