

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J72568 (5)

1. Corporation Name

C & C & SONS ENTERPRISES, INC.



Principal Place of Business

C/O CALVIN HODGES
5741 HART ROAD
LAKELAND FL 33809

Mailing Address

C/O CALVIN HODGES
5741 HART ROAD
LAKELAND FL 33809

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 HODGES, CALVIN
5741 HART ROAD
LAKELAND FL 33809

25. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

81 Name

CHARLES E RICHARDSON

82 Street Address (P.O. Box Number is Not Acceptable)

5741 HART ROAD
839 TRINA LN

84 City

LAKELAND

FL

85 Zip Code
33809

10. Name and Address of New Registered Agent

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 Charles E. Richardson (Pres.)

DATE 3-14-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME HODGES, CALVIN
STREET ADDRESS 5741 HART ROAD
CITY-ST-ZIP LAKELAND FL

TITLE D
NAME RICHARDSON, CHARLES E.
STREET ADDRESS 5741 HART RD. 839 TRINA LN
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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03/20/96--01016--024
***200.00

14. I do 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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E RICHARDSON 12896

858-9205

CR2E034 (12/95)