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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K87111

(6)

C & SONS CORPORATION

0 & 501	to controllation				
Principal Plac	e of Business	Mailing Address		1 100110111 400 FBF11 FBF81 1190 1 WINE	QUALL BANKA BUDUT OLOKI BUELL BUDUH HARI
P.O BOX 2668 P.O BOX 2668 FT. MYERS FL 33902-2668			3		
				3. Date Incorporated or Qualified 05/10/1989	3a. Date of Last Report 01/22/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	4 -4-	26		65-0118560	Not Applicable
Suite, Apt		Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
2 ip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
14	25	29	30	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,
···I	9. Name and Address of Curr		1001	10. Name and Address of New Re	
				Mario Carbone	
UNIT	7		82 Street A	ddress (P.O. Box Number is Not Accepted	l'Venue
FT. I	MYERS FL 33901		83		
			84 City	Fort Myers	FL 533901
office or i agent. I a SIGNATURE	im facility on a diaccept the oblination of represented a	gations of, Section 607.0505, F	authorized by the corporation of		1-9-97
TITLE	PVS	DELETE	1.5 TITLE	ADDITIONS/CHANGES TO OFFI	CEAS AND DIRECTORS IN 12 Change Addition
NAME	CARBONELL, MARIO		1.2 NAME		
STREET ADDRESS	2560 MORENO AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY - ST - ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARBONELL, MARIO		2.2 NAME		
STREET ADDRESS	2580 MORENO AVE		2.3 STREET ADDRESS		
CITY: ST-ZIP	FT. MYERS FL	D priete	2. 4 CITY-ST-ZIP		
TITLE	VP Carbonell, Terry L	L_ DELETE	3.1 TITLE		Change Addition
NAME CTOSCT ADDRESS	2560 MORENO AVENUE		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	FT. MYERS FL		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE) II MICHOIL	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		T corre	5.4 CITY-ST-ZIP	<u> </u>	Паст
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

6 3 STREET ADDRESS 6 4 City-St-Zip

14. I do 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

941-936-7277

FILED

Jan 17 1997 8:00am

Secretary of State