FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:01

DOCUMENT # **L03009** **(2)**

1. Corporation Name
C & C C.H. OF PASCO, INC.

Principal Place of Business	Mailing Address
1020 BELVEDERE ROAD WEST PALM BEACH FL 33405	1020 BELVEDERE ROAD WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/18/1989**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business 21 1019 Terrace Road	2a. Mailing Address 26 1019 Terrace Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Stuart, FL	City & State 28 Stuart, FL
Zip / Country 24 34994 / 25 USA	Zip / Country 29 34994 / 30 USA

4. FEI Number: **65-0131724** ☐ 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

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
BEYMER, JAMES A **1017 TERRACE RD** **STUART FL 34994**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1019 Terrace Road 83 84 City: **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPV	11 TITLE		☒ Change ☐ Addition
NAME	BEYMER, JAMES	12 NAME		
STREET ADDRESS	1017 TERRACE RD	13 STREET ADDRESS	1019 Terrace Road	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☒ Change ☐ Addition
NAME	BEYMER, JAMES	22 NAME		
STREET ADDRESS	1017 TERRACE RD	23 STREET ADDRESS	1019 Terrace Road	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☒ Change ☐ Addition
NAME	BEYMER, JAMES	32 NAME		
STREET ADDRESS	1017 TERRACE RD	33 STREET ADDRESS	1019 Terrace Road	
CITY-ST-ZIP	STUART FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: James Beymer 3-30-95 407 692-7145
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0248227 CP