

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M95814** (3)

1. Corporation Name
C&C OF WESLEY CHAPEL, INC.



Principal Place of Business
**P.O. BOX 7092
WESLEY CHAPEL FL 33543**

Mailing Address
**P.O. BOX 7092
WESLEY CHAPEL FL 33543**

3. Date Incorporated or Qualified 08/01/1988	3a. Date of Last Record 05/01/1995
4. FEI Number 59-2907311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8002 Quail Hollow Suite, Apt. #, etc. 22 City & State 23 Zephyrhills FL Zip 24 33544	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

**LOIS MCCLAIN
105 S. MOON AVE
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name Lais McClain
82 Street Address (P.O. Box Number is Not Acceptable) 1756 W Brandon Blvd
83 Suite 1
84 City Brandon
FL 85 Zip Code 33511

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature must be witnessed when required)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8002 QUAIL HOLLOW BLVD.	1.2 NAME	
STREET ADDRESS	ZEPHERHILLS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	VD	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8002 QUAIL HOLLOW BLVD.	2.2 NAME	
STREET ADDRESS	ZEPHERHILLS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8002 QUAIL HOLLOW BLVD.	3.2 NAME	
STREET ADDRESS	ZEPHERHILLS FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96

Date

813 973-2736

Daytime Phone #

CR2E034 (12/95)