

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90072 027 ***150.00

DOCUMENT # P93000054782

1. Corporation Name
CCO MANAGEMENT, INC.

Principal Place of Business
6823 S.E. 12TH CIRCLE
SUITE 503
OCALA FL 34480
US

Mailing Address
6823 SE 12TH CIRCLE
OCALA FL 34480
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1993

4. FEI Number

59-3219289

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, ROBERT D
954 EAST SILVER SPRINGS BLVD
OCALA FL 34470

81 Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME WEST, B. DUKE
STREET ADDRESS 1205 S.W. 42ND STREET
CITY-ST-ZIP Ocala FL

TITLE VP ☐ DELETE

NAME BUCY, STEVE
STREET ADDRESS 2210 SE LAUREL RUN DR
CITY-ST-ZIP Ocala FL

TITLE S ☐ DELETE

NAME WOLLETT, FREDERIC
STREET ADDRESS 6950 SE 12TH TERR
CITY-ST-ZIP Ocala FL 34480

TITLE T ☐ DELETE

NAME MCDONIELS, MICHAEL
STREET ADDRESS 2236 LAUREL RUN DR
CITY-ST-ZIP Ocala FL 34471

TITLE VP ☐ DELETE

NAME STEIN, RICHARD
STREET ADDRESS 19323 PARK PLACE BLVD
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD STEIN

4/16/99

(352)237-6644

Date

Daytime Phone #

CR2E034 (11/98)