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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000055323 (8)**

1. Corporation Name
C.C. BY RUTHIE & ME, INC.

Principal Place of Business	Mailing Address
1379 MCANSH SO SARASOTA FL 34236 US	5727 MONIE ROSSOKO SARASOTA FL 34243 US

3. Date Incorporated or Qualified: 06/04/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 7416 OAK RUN LN.
22 Suite, Apt. #, etc.
23 City & State: SARASOTA, FL.
24 Zip: 34243
25 Country: MANATEE

2a. Mailing Address
26 6489 PARKLAND DRIVE
27 Suite, Apt. #, etc.
28 City & State: SARASOTA FL
29 Zip: 34243
30 Country: MAN.

4. FEI Number: 65-0419064 ☐ 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

MCCANN, RICHARD
5727 MONTE ROSSO ROAD
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name: Howard R. Womeldorph, JR. C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 6489 PARKLAND DR.
83
84 City: SARASOTA FL 85 Zip Code: 34243

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] 3/25/97
(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	D	☐ DELETE	1.1 TITLE	RESIDENT MGR.	☒ Change ☐ Addition
NAME	MCCANN, RICHARD		1.2 NAME		
STREET ADDRESS	5727 MONTE ROSSO ROAD		1.3 STREET ADDRESS	7416 OAK RUN LANE	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL. 34243	
TITLE		☐ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			2.2 NAME	JON PIGRATT	
STREET ADDRESS			2.3 STREET ADDRESS	2823 NEW PROVIDENCE RD.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	FALLS CHURCH, VA. 22042	
TITLE		☐ DELETE	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			3.2 NAME	JENNIFER MCREYNOLDS	
STREET ADDRESS			3.3 STREET ADDRESS	655 ALLENS LANDING DR.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	LAWRENCEVILLE, GA. 30245	
TITLE		☐ 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			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: SIGNATURE REQUIRED 3/25/97 941-351-0637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #