

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

P93000085812

1. Corporation Name

CCA PRODUCTS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

633 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

633 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

24 City & State

25 Zip

26 Country

27 Zip

28 Country

3. Date Incorporated or Qualified
12-15-93

3a. Date of Last Report

4. FEI Number
58-2136999

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPITAL CORPORATE SERVICES INC.

633 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

91 Name

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

93

94 City

FL

95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 held or signed name of registered agent and his or her address

12. Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1. GERST MARTIN
2800 S RURAL ROAD
TEMPE, AZ 85282

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2. D EDSON BRADLEY
2800 S RURAL ROAD
TEMPE, AZ 85282

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3. [DELETE]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4. [DELETE]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5. [DELETE]

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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 if changed, for or an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

DATE

DATE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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