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CORPORATION
ANNUAL REPORT
1995



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

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95 APR 14 PM 3:1

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DIVISION OF CORPORATIONS

95 APR 14

DOCUMENT # P94000015936 (5)

1. Corporation Name

C & C WATERS ENTERPRISES, INC

Principal Place of Business

Mailing Address

881-A POINSETTA BLVD
ST AUGUSTINE FL 32086

881-A POINSETTA BLVD
ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/22/1994

2. Principal Place of Business

2a. Mailing Address

881-A POINSETTA RD

881-A POINSETTA RD

4. FBI Number

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

HALL, CHARLES E
881-A POINSETTA BLVD
ST AUGUSTINE FL 32086

81. Name

CHARLES E. HALL, JR

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

55-A ORANGE STREET

83.

84. City

ST. AUGUSTINE

FL

85. Zip Code

32084

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 responsibilities of, Section 607.0505, Florida Statutes.

SIGNATURE

(Representing corporation or person named as registered agent and the individual)

(If 301, Registered Agent Signature Required when Submitting)

DATE

4/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	WATERS, CARL
STREET ADDRESS	881-A POINSETTA BLVD
CITY, ST, ZIP	ST AUGUSTINE FL 32086
TITLE	VSD
NAME	WATERS, CAROL A
STREET ADDRESS	881-A POINSETTA BLVD
CITY, ST, ZIP	ST AUGUSTINE FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	881-A POINSETTA ROAD
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	881-A POINSETTA ROAD
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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:

Carl Waters CARL WATERS

4-10-95 7972856

(Signature and Typed or Printed Name of Signing Officer or Director)

Date

(Filing Number)