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Feb 05 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 # P94000023708 (8)

1. Corporation Name
C & L CONTRACTING SERVICE, INC.

Principal Place of Business

11821 SEABREEZE COVE LANE
STE. 103
FORT MYERS FL 33908

Mailing Address

11821 SEABREEZE COVE LANE
STE. 103
FORT MYERS FL 33908-2153

NOTE: NEW ADDRESS

2. Principal Place of Business

21 6751 NALLE GRADE RD.
Suite, Apt. #, etc

22

City & State

23 N. FT. MYERS, FL

Zip

24 33917

Country

25 LEE

2a. Mailing Address

26 6751 NALLE GRADE RD.
Suite, Apt. #, etc

27

City & State

28 N. FT. MYERS, FL

Zip

29 33917

Country

30 LEE

9. Name and Address of Current Registered Agent

CAMPBELL, DONALD D
11921 SEABREEZE COVE LANE
STE. 103
FT. MYERS FL 33908

NOTE:

NEW ADDRESS

3. Date Incorporated or Qualified
03/29/1994

3a. Date of Last Report
01/30/1996

4. FEI Number

APPLIED FOR 65-0476926

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

10. Name and Address of New Registered Agent

81 Name

DONALD D. CAMPBELL

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

6751 NALLE GRADE RD.

83

84 City

N. FT. MYERS

FL

85 Zip Code

33917

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

TITLE P ☐ DELETE
NAME CAMPBELL, DONALD D
STREET ADDRESS 11921 SEABREEZE COVE LANE, STE. 103
CITY-ST-ZIP FT. MYERS FL 33908

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME CAMPBELL, DONALD D.
1.3 STREET ADDRESS 6751 NALLE GRADE RD.
1.4 CITY-ST-ZIP N. FT. MYERS, FL 33917

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 941-543-4846

Date

Daytime Phone #

CR2E034 (9/96)