

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 8:21

DOCUMENT # P94000025878 (7)

1. Corporation Name

CCMSB, INC.

Principal Place of Business

603 NORTH 7TH AVENUE
WAUCHULA FL 33873

Mailing Address

603 NORTH 7TH AVENUE
WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

04/01/1994

4. FEI Number

59-3234194

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. 195.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKIBBEN, JEFF J ESQ.
106 SOUTH 5TH AVENUE
WAUCHULA FL 33873

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
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
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
BOSWELL, CARRIE C
803 NORTH 7TH AVENUE
WAUCHULA FL 33873
VPSD
BOSWELL, M. SHANNON
803 NORTH 7TH AVENUE
WAUCHULA FL 33873

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

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ 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 110.07(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, or on page 2 in Block 14 if changed.

SIGNATURE:

Shannon Boswell

Shannon Boswell

6/6/95

741-773-9557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/95)