

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000025878 (7)

1. Corporation Name
CCMSB, INC.



Principal Place of Business
**803 NORTH 7TH AVENUE
WAUCHULA FL 33873**

Mailing Address
**803 NORTH 7TH AVENUE
WAUCHULA FL 33873**

3. Date Incorporated or Qualified **04/01/1994** 3a. Date of Last Report **06/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 **157 Will Dukey Rd**

Suite, Apt. #, etc.

22

23 **Wauchula, FL**

City & State

24 **33873** 25 **Hardee**

Zip Country

26 **P.O. Box 789**

Suite, Apt. #, etc.

27

28 **Wauchula, FL**

City & State

29 **33873** 30 **Hardee**

Zip Country

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKIBBEN, JEFF J ESQ.
108 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, if not applicable

Signature, typed or printed name of registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOSWELL, CARRIE C	
STREET ADDRESS	803 NORTH 7TH AVENUE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	BOSWELL, M. SHANNON	
STREET ADDRESS	803 NORTH 7TH AVENUE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Boswell, Carrie C	
1.3 STREET ADDRESS	704 Hawaiian Dr.	
1.4 CITY-ST-ZIP	Wauchula, FL 33873	
2.1 TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boswell, M. Shannon	
2.3 STREET ADDRESS	704 Hawaiian Dr.	
2.4 CITY-ST-ZIP	Wauchula, FL 33873	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 an attachment with an address.

SIGNATURE:

Shannon Boswell

5/15/96

941-773-4557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)