

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # *P94000089886*

1. Corporation Name

C C LAND, INC.

Principal Place of Business

Mailing Address

*6458 GRIFFIN BLVD. SW
FT MYERS FL 33908*

*6458 GRIFFIN BLVD. SW
FT MYERS FL 33908*

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/12/1994

APRIL 1995

4. FEI Number

Applied For

65-054-9708

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

*CODY, LADONNA J
2449 FIRST ST
FT MYERS FL 33901*

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, or both, if applicable

Signature typed or printed name of new registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE *PST D* ☐ DELETE
NAME *CASSILLY, J. DAVID*
STREET ADDRESS *6458 GRIFFIN BL. SW*
CITY-STATE-ZIP *FT MYERS FL 33908*

TITLE *VTD* ☒ DELETE
NAME *CASEY, GARY*
STREET ADDRESS *P.O. BOX 151222*
CITY-STATE-ZIP *CAPRI CORAL FL 33915*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE *PST D* ☐ Change ☒ Addition
12 NAME *CASSILLY, J. DAVID*

14 CITY-STATE-ZIP
21 TITLE *VTD* ☒ Change ☐ Addition
22 NAME *LYNN CASSILLY*
23 STREET ADDRESS *6458 GRIFFIN BLVD SW*
24 CITY-STATE-ZIP *FT MYERS FL 33908*

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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:

J. DAVID CASSILLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-96

941-482-5045

CR2E034 (12/95)