

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90015 017 ***150.00

DOCUMENT # ~~0970~~ P95000048719 ✓

1. Corporation Name

C3P2, Inc.

Principal Place of Business

Mailing Address

12 Windsor Lane
Ft. Walton Bch, FL
32547

same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 724 Spring Lake Drive

2a. Mailing Address

26 PO Box 942

4. FEI Number

59-3313234 ✓

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

23 Destin, FL

27 City & State

28 Destin, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

Country

25 Okaloosa

29 Zip

Country

30 Okaloosa

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michael Reid
256 Olde Post Road
Niceville, FL 32578

81 Name

Marland Thurston

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

724 Spring Lake Drive

83

84 Destin,

FL

85 Zip Code

32541

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 Marland Thurston

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 President ☒ DELETE
NAME Michael Reid
STREET ADDRESS 256 Olds Post Road
CITY-STATE-ZIP Niceville, FL 32578

11 TITLE President ☐ Change ☒ Addition
12 NAME Patricia M. Thurston
13 STREET ADDRESS 724 Spring Lake Drive
14 CITY-ST-ZIP Destin, FL 32541

TITLE Treasurer ☒ DELETE
NAME Christopher C. Hood
STREET ADDRESS 7588 Frankfort Street
CITY-STATE-ZIP Navarre, FL 32566

21 TITLE Vice Pres. & Treasurer ☒ Change ☐ Addition
22 NAME Marland Thurston
23 STREET ADDRESS 724 Spring Lake Drive
24 CITY-ST-ZIP Destin, FL 32541

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Marland Thurston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 (850) 897-6152

(850) 837-6537

CR2E034 (11/98)