

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000048906 (8)**

1. Corporation Name

C & C FREEMAN, INC.

Principal Place of Business

% EDWARD M. LIVINGSTON, ESQ.
P.O. BOX 1599
WINTER PARK FL 32790

Mailing Address

% EDWARD M. LIVINGSTON, ESQ.
P.O. BOX 1599
WINTER PARK FL 32790

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M
828 ELLEN DRIVE
WINTER PARK FL 32790

3. Date Incorporated or Qualified

06/22/1995

3a. Date of Last Report

4. FEI Number

59-3321601

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

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(6), 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 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FREEMAN, CAROLE A	
STREET ADDRESS	25 AUGUSTA CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
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

11 TITLE	D/P	☒ Change ☐ Addition
12 NAME	Freeman, Carole A.	
13 STREET ADDRESS	25 Augusta Circle	
14 CITY-ST-ZIP	St. Cloud, FL 34769	☐ Change ☒ Addition
21 TITLE	V/S/T	
22 NAME	Freeman, Craig G.	
23 STREET ADDRESS	25 Augusta Circle	
24 CITY-ST-ZIP	St. Cloud, FL 34769	☐ Change ☐ Addition
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not qualified for the exemption stated in Section 179.07(9)(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: *Carole Freeman* 4/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 957 0055
Office Phone

CR2E034 (12/95)