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Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000048906 (8)**

1. Corporation Name

C & C FREEMAN, INC.



Principal Place of Business

Mailing Address

~~25 AUGUSTA CIRCLE~~
~~ST CLOUD FL 34760~~
US

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2747 Scarborough Dr.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Zip **34744**

Country **US**

Zip

Country

9. Name and Address of Current Registered Agent

**LIVINGSTON, EDWARD M
628 ELLEN DRIVE
WINTER PARK FL 32790**

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 607.0502 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

TITLE **DP** ☐ DELETE

NAME **FREEMAN, CAROLE A**

STREET ADDRESS ~~25 AUGUSTA CIRCLE~~

CITY-ST-ZIP ~~ST CLOUD FL~~

TITLE **VST** ☐ DELETE

NAME **FREEMAN, CRAIG G**

STREET ADDRESS ~~25 AUGUSTA CIRCLE~~

CITY-ST-ZIP ~~ST CLOUD FL~~

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

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **Freeman, Carole A.**

1.3 STREET ADDRESS **2747 Scarborough Dr.**

1.4 CITY-ST-ZIP **Kissimmee, FL 34744**

2.1 TITLE **VST** ☒ Change ☐ Addition

2.2 NAME **Freeman, Craig G.**

2.3 STREET ADDRESS **2747 Scarborough Dr.**

2.4 CITY-ST-ZIP **Kissimmee, FL 34744**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

Carole A. Freeman, President

CR2E034 (10/97)