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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000088830 (1)

C. C. CLINE & CO.

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Principal Place of Business 2810 HWY 98 WEST MARY ESTHER FL 32569

## **FILED** Apr 02 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address											
2810 HWY 98 WEST MARY ESTHER FL 32569 US			2810-A HIGHWAY 98 WEST MARY ESTHER FL 32569-2335								
Sm	ne as above		Som	e on ce	lm	سع	3. Date Incorporated or Qualified 11/20/1995		o of Last Ro <b>9/1996</b>	eport	
2. Principal Place of Business			Mailing Address				4. FE i Number Applied For				
21							<b>59-3343138</b> Not Applie			t Applicable	
Suite, Apt. #, etc.			Sulte, Apt. #, etc.				5. Cortificate of Status Desired		<b>\$8.75</b> A Fee Re		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees			-	
Zip 24	Country 25	29	Zip	Country			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					
CLINE, CALVIN COL. 2810-A HIGHWAY 98 WEST MARY ESTHER FL 32569					81 82 83	Street Addr	net Address (P.O. Box Number is Not Acceptable)				
					84	City		FL	<b>85</b> Zip C	Sode	
office or re	to the provisions of Sections 607.0 ogistered agent, or both, in the Sta m familiar with and accept the ob-	ate of Flori	da, Such change	was author	ized b	v the cornoral	oration submits this statement for the pion's board of directors. I hereby acception	urpose of color the appo	hanging its intment as	s registered registered	
SIGNATURE _	- $(n)$	Que age of and to a	~~		P	has .	ed when reinstating)	3 - 2 G	<u> </u>	*	
12.	OFFICERS AND DIRECTORS				3.	ADDITIONS/CHANGES TO OFFICE			RS AND DIRECTORS IN 12		
TITLE	D		DELF1	E 1.	1.1 TITLE .				Change	Addition	
414115	CLINE CALVIALON			1.	A HILLIA	1					

SIGNATURE	Stonature, Tiped or printed name of registered agout and tice if applic	able (NOTE FI	egistere Ageut s gnature	required when reinstating) DATE
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELFTE	1.1 TITLE	☐ Change ☐ Addition
NAME	CLINE, CALVIN COL.		1.2 NAME	
STREET ADDRESS	2810-A HIGHWAY 98 WEST		1.3 STREET ADDRESS	
City-St-ZiP	MARY ESTHER FL 32569		1.4 CITY - ST - ZIP	
TITLE	P	DELETE	21 TITLE	Change Addilion
NAME	CLINE, DELORES M.		2.2 NAMI	
STREET ADDRESS	2810 HWY 98 W		2.3 STREET ADDRESS	.,
CITY-ST-ZIP	MARY ESTHER FL		2.4 C(1Y-\$1-Z)P	The state of the s
TITLE		DELETE.	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS	·		3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY+S1-7IP	
TITLE		DELETE	4.1 THEE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City - \$1 - 7IP	
TITLE		DELETE	51 THLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		L.J DELETE	6.1 TALE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-7IP	

14. I do hereby cortify 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 13 if changed, or on an attachment with an address.

SIGNATURE: D.M. Clive WM Cline