

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
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90017 005 ***150.00

DOCUMENT # P96000006830

1. Corporation Name
C & Z SERVICES, INC.

Principal Place of Business
1374 BYRD CT
ROCKLEDGE FL 32955

Mailing Address
1374 BYRD CT
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/18/1996

4. FEI Number
59-3198586

Applied For
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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 4995 NORTH 45-1
Suite, Apt. #, etc.

2a. Mailing Address
26 5125 DATE PALM ST.
Suite, Apt. #, etc.

23 COCOA FL
City & State

28 COCOA FL
City & State

24 32927 25 USA
Zip Country

29 32927 30 USA
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, BARBARA E
1374 BYRD CT
ROCKLEDGE FL 32955

81 Name JOHN R CLARK
82 Street Address (P.O. Box Number is Not Acceptable)
5125 DATE PALM ST.
83
84 City COCOA FL 85 Zip Code 32927

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

John R Clark

3-28-99

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 DP ☐ DELETE
NAME ZIMMERMAN, JAMES C
STREET ADDRESS 4935 GREENHILL ST
CITY-ST-ZIP COCOA FL 32927

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME CLARK, JOHN R
STREET ADDRESS 525 DATE PALM
CITY-ST-ZIP COCOA FL 32927

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DST ☒ DELETE
NAME CLARK, BARBARA E
STREET ADDRESS 1374 BYRD COURT
CITY-ST-ZIP ROCKLEDGE FL 32955

3.1 TITLE DST ☒ Change ☐ Addition
3.2 NAME CLARK JOHN R
3.3 STREET ADDRESS 5125 DATE PALM ST.
3.4 CITY-ST-ZIP COCOA FL 32927

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-28-99

407 636-3715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0119322