

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000047299

1. Corporation Name

C.A. COLE & ASSOCIATES, INC.

80 BEACH DRIVE WEST DESTIN FL 32541

Mailing Address

**80 BEACH DRIVE WEST** DESTIN FL 32541

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90196 027 \*\*\*150.00



		บร		DO NOT WRITE IN THIS	S SPACE
				<ol> <li>Date Incorporated or Qualified</li> <li>06/04/1996</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 7053	GANAX DRIVE	26 P.O. BOX 53	788	59-3385105	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State	10.0.0	6. Election Campaign Financing	\$5.00 May Be
23 NA VA		28 NAVARRE, FLO	Country 1	Trust Fund Contribution	Added to Fees
Zip 325	66 Country ROSA	Zip	SANTA ROSS	8. This corporation owes the current year In	itangible □ Yes <b>X</b> No
24 245		<u></u>	O DANA AUS	Personal Property Tax.  10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent	81 Name		Agent
COL	E, THORNTON			COLE THORNTON	
	EACH DRIVE WEST		82 Street A	Address (P.O. Box Number is Not Acceptable)	
_	TIN FL 32541			53 GANDY DRIVE	<del></del>
DEG	1114 1 6 02041		83		
			84 City	AVARRE FI	85 Zip Code 3 2 5 6 6
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	s, the above-named o	corporation submits this statement for the purpose of	f changing its registered
office or r	egistered agent, or both, in the State o	if Florida. Such change was aut	nonzed by the corpo	ration's board of directors. I hereby accept the appearance	intment as registered
agent. i a	m familiat with, and accept the obligati		-	4/29	8/69
SIGNATURE	Signature, typed or printed name of registered agent	HORNTON C. COLE	tegistered Agent signature re	nuired when reinstating)	<del>// / </del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE	PRESIDENT	Change
NAME :	COLE, CAROLE		1.2 NAME	COLE CAROLE 2053 GANDY DRIVE	~ -
STREET ADDRESS	80 BEACH DRIVE WEST			7053 GANDY DRIVE	
	DESTIN FL 32541		1.4 CITY-ST-ZIP	NAVERDE EL 37566	
CITY-ST-ZIP	S	☐ DELETE	2.1 TITLE	V. P. SECRETARY & I REASCRER	Change Addition
	COLE, THORNTON E	C operin	2.2 NAME	CAR THEOLOGICAL F.	<b>A</b>
NAME	80 BEACH DRIVE WEST		2.2 NAME	TO ST CONDITIONS	
STREET ADDRESS	DESTIN FL 32541	-	2.3 STREET ADDRESS	NAMARE EL 32CT	
CITY-ST-ZIP	DESTIN FL 32341	☐ DELETE	2.4 CITY-ST-ZIP	NAVARRE FL. 22566 V.PSECRETARY & TREASCRER COLE, THORNTON E. 70.53 GANDY DRIVE NAVARRE, FL. 3256L	Change Addition
TITLE		L DELETE	3.7 TITLE		C Ollardo C
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	1	☐ NETE IE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZiP		
TITLE		☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME:	`		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-S7-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

650-939-7910