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FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000064899 (3)

1. Corporation Name

C.C.C. BROKERAGE, INC.

Principal Place of Business

5001 LAKEFRONT DRIVE N-3
TALLAHASSEE FL 32303

Mailing Address

POST OFFICE BOX 3209
TALLAHASSEE FL 32315-3209



2. Principal Place of Business

21 Rt, 4, Box 380
Suite, Apt. #, etc

22 City & State

23 Havana, FL

Zip

24 32333

Country

25 Gadsden

2a. Mailing Address

26 Rt, 4, Box 380
Suite, Apt. #, etc

27 City & State

28 Havana, FL

Zip

29 32333

Country

30 Gadsden

3. Date Incorporated or Qualified

08/02/1996

3a. Date of Last Report

4. FEI Number

59-3396908

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

9. Name and Address of Current Registered Agent

CONNELL, DIANA
5001 LAKEFRONT DRIVE N-3
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

Fletcher Christian

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

Rt. 4, Box 380

83

84 City

Havana, FL

FL

85 Zip Code

32333

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Fletcher Christian
Rt. 4, Box 380, Havana, FL
32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-562-6871

Date

Daytime Phone #

CR2E034 (9/96)