Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90117 015 \*\*\*150.00

## 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** 

## DOCUMENT # P96000095096

1. Corporation realine	
C & C FRAMING, INC.	I KRANDROLKIN IONIA RIIKI ARNI SAIKI BANI BANI BANI BANI BANI BANI BANI BAN
Principal Place of Business Mailing Address	I (TBILER) (th 1818 blitt 68(4) abur seut seut seut seut seut seut seut seut
1820 CURRYVILLE ROAD 1820 CURRYVILLE ROAD	
CHULUOTA FL 32766 CHULUOTA FL 32766	DO NOT WRITE IN THIS SPACE
,	3. Date Incorporated or Qualifed
	11/18/1996
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 26	<b>59-3412662</b> Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired   \$8.75 Additional
27	5. Certificate of Status Desired Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23	_Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.
24 25 29 30	Personal Property Tax. Yes INO  10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent  81 Name	10. Name and Address of New Registered Agent
CATHEY, JAMES E	<u> </u>
1820 CURRYVILLE ROAD	ress (P.O. Box Number is Not Acceptable)
CHULUOTA FL 32766	
0102001712 02100	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required	
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME CATHEY, JAMES E SR. 12 NAME	
STREET ADDRESS 1820 CURRYVILLE RD. 1.3 STREET ADDRESS	
CITY-ST-ZIP CHULUOTA FL 32766 14 CITY-ST-ZIP DELETE 2.1 TITLE	Change Addition
_	
OATTET, Waited Cott	
STREET ADDRESS 510 N. NOEL COURT 2.3 STREET ADDRESS CITY-ST-ZIP CHULUOTA FL 32766 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	
CITY_ST_ZIP   CHULUOTA FL 32766	I
	☐ Change ☐ Addition
TITLE DELETE 3.1 TITLE	Change Addition
TITLE DELETE 3.1 TITLE NAME 3.2 NAME	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.3 STREET ADDRESS	☐ Change ☐ Addition
TITLE DELETE 3.1 TITLE NAME 3.2 NAME	Change Addition

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

Change

Change

Addition

☐ Addition