

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 01 1998 8:00am  
Secretary of State

DOCUMENT # P97000009636 (6)

Corporation Name

C AND N ENTERPRISES OF SARASOTA, INC.



Principal Place of Business

Mailing Address

1420 SOUTH LAKESHORE DRIVE  
SARASOTA FL 34231

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SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

01/30/1997

FBI Number

65-0801373

Applied For

Not Applicable

Certificate of Status Desired

\$8.75 Additional  
Fee Required

Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business

Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

SHEA, JOHN  
630 SOUTH ORANGE AVENUE  
SARASOTA FL 34236

81 Name

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

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

TITLE	D	DELETE	1.1 TITLE	Change	Addition
NAME	SHEA, NORMAN		1.2 NAME		
STREET ADDRESS	1420 SOUTH LAKESHORE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	Change	Addition
NAME	SHEA, CASSANDRA		2.2 NAME		
STREET ADDRESS	1420 SOUTH LAKESHORE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

*Cassandra J. Shea*

3-11-98

941-983-1681

CR2E034 (10/97)