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 # P9700054200

CNC INC.

Principal Place of Business

Mailing Address

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90046 003 ***150.00



528 WEST GARD PENSACOLA FL		528 WEST GARDEN STREET #1 PENSACOLA FL 32501			DO NOT WRITE IN THIS	SBACE	
						SPACE	
-					3. Date Incorporated or Qualifed		
					06/19/1997	- 1 1.	
2. Principal Pl	ace of Business	2a. Mailing Address		12 (1	4. FEI Number		Applied For
21 42/	W. BLOUNT ST.	26 421 W. B	LOUN	V1 St	APPLIED FOR		lot Applicable
Suite, Apt. 22 PENS	#, etc. SACDIA FL	Suite, Apt. #, etc. 27 PENSACO/a	, FL		5. Certifcate of Status Desired	·	Additional Required
City & State	OI ESCAMBIA	City & State	EST	CAMBI	6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country	Zip 30	Country		This corporation owes the current year Int Personal Property Tax.	angible	□No
24	9. Name and Address of Current		'1		10. Name and Address of New Registered	Agent	
	5. Name and Address of Current	Kediztelen Wanit	81	Nameo			
DREA	ADING, GEORGE W			Name	nge W. Oreading		
528 WEST GARDEN STREET #1					ress (P.O. Box Number is Not Acceptable)		
	SACOLA FL 32501		83	421	W. Blownt St.		
7 2110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.5				
			84	City	sacola FL	85 Zip	Code 2.50/
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such chande was auth	orizea ov	e-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing.it	s registered:
SIGNATURE							
	Signature, typed or printed name of registered agent			t signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECT	ODC (N. 42
12.	OFFICERS AND		13.	ı	ADDITIONS/CHANGES TO OFFICERS AN	Change	
TITLE	P	☐ DELETE	1.1 TITLE	6	George W. Wending	C) Change	. Gradition
NAME	DREADING, GEORGE W		1.2 NAME		421 W. Blount St.		
STREET ADDRESS	528 W GARDEN ST		1.3 STREET	TADORESS	0 / FI 37501		
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CITY-S	T-ZIP	George W. Dreading 421 W. Blownt St. Pensacola. FL 32501		
TITLE		☐ DELETE	2.1 TITLE			Change	e
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			ļ
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	<u></u>		
TITLE		☐ DELETE	3.1 TITLE		·	☐ Change	Addition
NAME			3.2 NAME				Į
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	•		
TITLE		DELETE	4.1 TITLE			- Change	Addition *
NAME		•	4. 2 NAME		•		
STREET ADDRESS			43 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			52 NAME		一 人名英格兰 医神经炎 医		;
STREET ADDRESS			53 STREE	T ADDRESS		$\mu_i = 1$	retigati 1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	A COLUMN TO SECULO SECU		
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			62 NAME				
				T ADDRESS			1
STREET ADDRESS			0.0 STREE	,,20,,200			

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: