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 # P98000026772

1. Corporation Name

C & C CARPENTRY, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90126 008 ***150.00



Principal Place of Business Mailing Address					**************************************	****** #**** *##**	12010 1101 1021	
****		3681 SE 38TH AVE						
		OKEECHOBEE FL 34974			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed	TOTAGE		
					03/23/1998		Ì	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21	MOO 0. 240.4000	— ĭ	26		165-0863579		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S. O. Waste of States Basinst .	\$8.75 A	Additional	
22		27			5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00		<u>-</u> -
23		28			Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		1	8. This corporation owes the current year In		⊠ No	
24	25		0		Personal Property Tax.	Yes	1 1 1 1 1 1 1 1 1 1	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
CAR	RAN, FRANK JAMES			, tunic				
3681 SE 38TH AVE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	ECHOBEE FL 34974		83					
								
			84	City	FL	85 Zip 0	Code	
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	norized by	the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its intment as re	registered gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statute	S .				
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOTE: R	egistered Age	ot signature require	ed when reinstating) DATE			_
12.		D DIRECTORS	13.	nt signatora roquito	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	RS IN 12	ç
TITLE	DRESIDENT	FSIDENT DELETE				Change	Addition	7 7 7
NAME	CARRAN, FRANK JAMES STALRI BE 38TH AVENUE		1.2 NAME 1.3 STREET ADDRESS			-		3
STREET ADDRESS							(Š
CITY-ST-ZIP	DREECHOBEE, R 34974		1.4 CITY-8	ST-ZIP				ç
TITLE	TREASURER SECRETAR DELETE		2.1 TITLE			Change	☐ Addition	(
NAME	CARRAN, FRANK JAMES 3681 SE 38TH AVE		2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS]	
CITY-ST-ZIP	OKEECHOBEE, FL 34974		2. 4 CITY-ST-ZIP					
TITLE	VIA DELETE		3.1 TMLE			Change	Addition	
NAME	CARRAM, FRANK JAMES		3.2 NAME					
STREET ADDRESS	3681 SE 38TH AJENKE, OKEECHO BEE, FL 34974			TADDRESS			j	
CITY-ST-ZIP	OKEECHO BEE, FL 34974		3.4. CITY-	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	4.1 TITLE			Clange		
NAME			4. 2 NAME				}	
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	DELETE		4.4 CITY-5	51 - ZIP		Change	☐ Addition	
TITLE	Deceie		5.1 TILE					
NAME OTREET ASSESSED				T ADDRESS				
STREET ADDRESS			5.4 CITY-S				1	
TITLE	DELETE		61 TITLE	71-CIF		Change	Addition	
			6.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS			6.4 CITY-5				}	

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 suppliemental 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:

INTED NAME OF SIGNING OFFICER OR DIRECTOR