SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Jul 27, 1999 8:00 am Secretary of State 07-27-1999 90023 008 ***150.00

FILED

DOCUMENT #

P98000034335 1. Corporation Name

=

CCPC, II	NG.					
Principal Place	e of Business	Mailing Address			106 -1111 01000 11100 1110 1116 1011 1011	
P O BOX 4 PANAMA CITY		P O BOX 4 PANAMA CITY FL 32402		DO NOT WRITE IN TH	HIS SPACE	
2. Principal P	face of Business	2a. Mailing Address		04/13/1998 4. FEI Number	Applied For	
	JONES ANG., SUTTE 24	26 P.O. Box 4	`	59-3503762	Not Applicable	
Suite, Apt.	· I	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	ama City FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 324	Country 25 USA	Zip 3	Country 30	This corporation owes the current year Intangible Personal Property.	Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent	
404	ih, tim Jenks ave Ama city fl 32401	·	82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	85 Zip Code	
11. Pursuant office or agent. I a	to the provisions of sections 607.0502 registered agent, or both, in the State arm familier with, and assept the obligations of the control o	and 607.1508, Florida Statutes, of Florida. Such change was au tions of, section 607.0505, Flori	the above-named corthorized by the corpor	poration submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate the statement of the purpose of ation's board of directors. I hereby accept the appropriate the statement of the purpose		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signature	3,	·	ภ
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	ž
NAME STREET ADDRESS	TIM. M. SMITHITI. 4455 W. 19458 # PANAMA CITY FL	∐ DELETE NG 3,21491	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TIM M.SMITHTI THM M.SMITHTI 4455 W. 1945 ST #18 PANAMA CITY, FL 32401	Change Addition	CRZEU34 (5/99)
CITY-ST-ZIP TITLE	FARRICA CITY, FC		2.1 TITLE		Change Addition	ر
NAME STREET ADDRESS	And the second of the second of	L DELÉTE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	,	Change Addition	
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		Change Li Addition	
			3.3 STREET ADDRESS			
STREET ADDRESS		•				
CITY-ST-ZIP	<u> </u>		3.4 CITY-ST-ZIP	<u></u>	Change Addition	
TITLE		☐ DELETE	4.1 IIILE 4.2 NAME		Change Addition	
NAME						
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		į.	

6.4 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 pn an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

DELETE

DELETE

THE BOUX 99

Change

Change Addition

596471-90023-1 199000034335



July 8, 1999

Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I did not receive the first notice on this Annual Report packet. I am enclosing this report and a check in the amount of \$150.00 according to the instructions I was given by your office in a phone conversation on July 8,1999. If there are problems or questions, please feel free to call my office at (850)769-3363 Monday through Friday 9:00am until 5:00pm.

Very Truly Yours,

Tim M Smith, II

President

CCPC, Inc.

d/b/a Computer Clinic