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 # P98000093963 1. Corporation Name

C&B CASH-N-CARRY, INC.

Principal Place of Business

854 LANDRETH ROAD GREEN COVE SPRINGS FL 32043 Mailing Address

854 LANDRETH ROAD

GREEN COVE SPRINGS FL 32043

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90185 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						11/01/1998	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21	26					52-2125497 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #,			etc.			\$8.75 Additional	
27						Fee Required	
City & State City & State						6. Election Campaign Financing 55.00 May Be	
23 28						Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
9. Name and Address of Current Registered Agent				<u></u>		10. Name and Address of New Registered Agent	
9. Harris alla resissa di sariali hagistica rigari				81 Name			
CATLEDGE, MINOR C							
854 LANDRETH ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
GREEN COVE SPRINGS FL 32043				83			
CITELIA COME OL MINORO I E 05040				03			
				84	City	85 Zip Code	
					-	FL ¹³ 25 366	
11. 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 agei	nt and title if applicable. (NOT	E: Registered	Agent	signature re	required when reinstating) DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 17	īLE	1	☐ Change ☐ Addition	
NAME	CATELEDGE, MINOR C		1.2 N/	ME			
	854 LANDRETH ROAD		1		*D00556		
STREET ADDRESS		0.40			ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32		_	TY-ST	-ZIP	Change Addition	
TTLE	•	☐ DELETE	2.1 TI		ļ		
NAME			2.2 N	AME			
STREET ADDRESS			2.3 S	REET	ADDRESS		
CITY-ST-ZIP			2. 4 C	2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE 3.1			7LE	1	☐ Change ☐ Addition	
NAME :			3.2 N	3.2 NAME			
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TITLE		☐ DELETE	4.1 TJ			☐ Change ☐ Addition	
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STREET ADDRESS			- 1		ADDRESS		
CITY-ST-ZIP				TY-ST	-ZIP	☐ Change ☐ Addition	
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NAME			5.2 N/			·	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				TY-ST	-ZIP		
TITLE		☐ DELETE	6.1 Ti	TLE		☐ Change ☐ Addition	
NAME			6.2 N	ME			
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		6.3 S	TREET	ADDRESS	,	
	1		6 A C	TY-ST	-7}P		
CITY+ST-ZIP			0.40			Lin Continue 440 07(3)(i) Etacida Statutas I further codify that the information	

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.

WINDRC. CATLEDGE 4-27-99 904-276-1188