FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

FILED Feb 04 1998 8:00am Secretary of State

THE C	ARLTON GROUP, INC.	• • •			
Principal Place	of Business	Mailing Address)
101 SOUTH 9TH AVE. P.O. BOX 586 WAUCHULA FL 33873		P.O. BOX 2147 ONICO FL 34207 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 07/10/1975	
9 Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			59-1610300	Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
2227		27		5. Certificate of Status Desired	Fee Required
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	9. Name and Address of C	29 34264 3	.0	Personal Property Tax due June 30.	Yes No
		urrent Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent
	EARER, LAURA		I Name		
5205 26TH ST. W.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
STE. B		83			
BH	ADENTON FL 34207				
			84 City		85 Zip Code
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 agent and tills if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	CARLTON, JOE L		1.2 NAME		
STREET ADDRESS	NO. FLA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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		I DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		DELETE	4.1 TITLE		☐ cusude ☐ Modition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE			5.1 TITLE		C orange C vegation
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			•		
CITY-ST-ZIP TITLE	·	☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		_ veer	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
CITY-ST-ZIP			0.4 OH1-01-20		

14. Thereby 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.