

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

FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005555 (5)

1. Corporation Name
CARSON PRODUCTS COMPANY



Principal Place of Business Mailing Address
65 ROSS RD **65 ROSS RD**
SAVANNAH GA 31405 **SAVANNAH GA 31405-1600**

3. Date Incorporated or Qualified 3a. Date of Last Report
10/24/1996
 4. FEI Number Applied For
51-0325487 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **65 Ross Rd** 26 **P.O. Box 22309**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 **Savannah** 28 **Savannah GA**
 Zip Country Zip Country
 24 **GA** 25 **31405** 29 **31403** 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 81 Name
1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 83
 84 City **FL** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, LEROY	1.2 NAME	
STREET ADDRESS	47 RIBAUT DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	HILTON HEAD SC 29926	1.4 CITY- ST- ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, LEROY	2.2 NAME	
STREET ADDRESS	47 RIBAUT DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	HILTON HEAD SC 29926	2.4 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DENNIS E	3.2 NAME	
STREET ADDRESS	24 CARDIFF RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	SAVANNAH GA 31419	3.4 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE, JOYCE	4.2 NAME	
STREET ADDRESS	2 FLOWING WELLS LN	4.3 STREET ADDRESS	
CITY- ST- ZIP	SAVANNAH GA 31411	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASIK, VINCENT A	5.2 NAME	
STREET ADDRESS	3 DEERWOOD RD	5.3 STREET ADDRESS	
CITY- ST- ZIP	WESTPORT CT 06880	5.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATHGATE, LAWRENCE E II	6.2 NAME	
STREET ADDRESS	52 BUENA VISTA	6.3 STREET ADDRESS	
CITY- ST- ZIP	RUMSON NJ 07760	6.4 CITY- ST- ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: **ARTHUR P. GNANN, III, V.P. - FINANCE** 5/5/97 (912)651-3400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)