

**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 SAVANNAH GA 31405** **65 ROSS RD SAVANNAH GA 31405-1600**

3. Date Incorporated or Qualified **10/24/1996** 3a. Date of Last Report  
 4. FEI Number **51-0325487** Applied For 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 City & State 27 City & State  
**Savannah** **Savannah GA**  
 23 Zip Country 29 Zip Country  
**GA** **31405** **31403**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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