

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TAMARA B. MORTON  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G43498** (6)

ED W. CARTER ENTERPRISES, INC.

58 MAY 11 11:16

SECRET  
TALLAHASSEE, FLORIDA

Principal Office of Corporation: 2654 CLUBHOUSE DR N  
CLEARWATER FL 34621  
US

Mail Stop Address: PO BOX 15135  
CLEARWATER FL 34629  
US

ENTER PRINTED NAME IN THIS SPACE

2. Date of Report: 06/14/1993		3a. Date of Last Report: 04/11/1994	
21. State Act # 2671 3RD AVE N.		28. State Act # 2671 3RD AVE N.	
22. City & State: CLEARWATER FL		27. City & State: CLEARWATER FL	
24. ZIP: 34619		25. Country: USA	
29. ZIP: 34619		30. Country: USA	
4. FIC Number: 59-2297290		Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	
5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. The corporation has liability for intangible tax under S. 197.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BENNETT DEBORAH A 1946 LOS LOMAS CLEARWATER FL 34623</b>		10. Name and Address of New Registered Agent	
		81. Name:	
		82. Street Address (P.O. Box Number is Not Applicable):	
		83. City:	
		84. State:	<b>FL</b>
		85. ZIP Code:	

11. I, the undersigned, the president or secretary of the corporation, certify that the information furnished is true and correct and that the corporation is in compliance with the provisions of Sections 607.020 and 607.1009, Florida Statutes. This officer named corporation submits this statement for the purpose of changing its registered office. A resolution adopted by the board of directors of the corporation authorizing this change was witnessed by this corporation's board of directors. I hereby accept the appointment as registered agent. I am aware and accept the provisions of Section 607.020, Florida Statutes.

SIGNATURE: *Tamara B. Morton* SECRETARY OF STATE  
 I, the undersigned, certify that the information furnished is true and correct and that the corporation is in compliance with the provisions of Sections 607.020 and 607.1009, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME: <b>PST CARTER, C C</b>	2. STREET ADDRESS: <b>2654 CLUBHOUSE DR NORTH CLEARWATER FL</b>	1. NAME:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: <b>VP ARMSTRONG, J C</b>	3. STREET ADDRESS: <b>4209 SPRINGBRANCH DR FT WORTH TX</b>	2. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME: <b>VP PERHAM, BETTY</b>	4. STREET ADDRESS: <b>11505 FOXCROFT RD RICHMOND VA</b>	3. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME: <b>VP PAULSON, JA</b>	5. STREET ADDRESS: <b>356 ROLLING MEADOWS ANN ARBOR MI</b>	4. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME: <b>VP BROWN, G R</b>	6. STREET ADDRESS: <b>27903 HACIENDA VILLAGE DR #28 BONITA SPRINGS FL</b>	5. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	7. STREET ADDRESS:	6. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME:	8. STREET ADDRESS:	7. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME:	9. STREET ADDRESS:	8. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME:	10. STREET ADDRESS:	9. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 197.032(5), Florida Statutes. I further certify that the information included 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 the filing of this report with an address.

SIGNATURE: *Tamara B. Morton* SECRETARY OF STATE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **C. CARTER PRES.**  
 Date: **4/28/95** 813 725 4794