

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H36909**

**(0)**

1. Corporation Name

**CARTER'S NURSERY, INC.**



Principal Place of Business

% BARBARA EAKER CARTER  
543 CF KINNEY RD.  
LAKE WALES FL 33853

Mailing Address

% BARBARA EAKER CARTER  
543 CF KINNEY RD.  
LAKE WALES FL 33853

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CARTER, BARBARA EAKER  
543 CF KINNEY RD.  
LAKE WALES FL 33853**

3. Date Incorporated or Qualified

**12/27/1984**

3a. Date of Last Report

**03/22/1995**

4. FEI Number

**59-1816906**

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 or director

(If Not a Registered Agent, Signature of New Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

11 TITLE  Change  Addition

NAME **CARTER, VINCENT THOMAS**

12 NAME

STREET ADDRESS **543 CF KINNEY RD.**

13 STREET ADDRESS

CITY-STATE-ZIP **LAKE WALES FL**

14 CITY-STATE-ZIP

TITLE  DELETE

21 TITLE  Change  Addition

NAME **CARTER, BARBARA EAKER**

22 NAME

STREET ADDRESS **543 CF KINNEY RD.**

23 STREET ADDRESS

CITY-STATE-ZIP **LAKE WALES FL**

24 CITY-STATE-ZIP

TITLE  DELETE

31 TITLE  Change  Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-STATE-ZIP

34 CITY-STATE-ZIP

TITLE  DELETE

41 TITLE  Change  Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-STATE-ZIP

44 CITY-STATE-ZIP

TITLE  DELETE

51 TITLE  Change  Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-STATE-ZIP

54 CITY-STATE-ZIP

TITLE  DELETE

61 TITLE  Change  Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Barbara E. Carter* **BARBARAE. CARTER** 3/11/96 941 439-3117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)