FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 12:56

DOCUMENT # J17127 (8)

1. Corporation Name
CARTER MELONE SEGAL, INC.

Principal Place of Business	Mailing Address
845 STATE ROAD 21 P.O. BOX 1249 MELROSE FL 32666 US	STATE ROAD 21 P.O. BOX 1249 MELROSE FL 32666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1986
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 59-2677787 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $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

9. Name and Address of Current Registered Agent

OLMSTED, GERALD F.
RT. 2, BOX 273
KEYSTONE HGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name: Jane L. Segal
82 Street Address (P.O. Box Number is Not Acceptable): 845 State Road 21 North
83
84 City: Melrose FL 85 Zip Code: 32666

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: Jane L. Segal — Jane L. Segal — January 11, 1995
(Signature, title or capacity of registered agent or of an officer thereof) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	P, VP, D	XX Change ☐ Addition
NAME	CARTER, ROBERT L.	12 NAME	Jane L. Segal	
STREET ADDRESS	RT. 2, BOX 2172	13 STREET ADDRESS	845 State Road 21 North	
CITY-ST-ZIP	MELROSE FL	14 CITY-ST-ZIP	Melrose, FL 32666	
TITLE	VD	21 TITLE	T, S, D	XX Change ☐ Addition
NAME	CARTER, BETTY C.	22 NAME	Robert D. Segal	
STREET ADDRESS	RT. 2, BOX 2172	23 STREET ADDRESS	845 State Road 21 North	
CITY-ST-ZIP	MELROSE FL	24 CITY-ST-ZIP	Melrose, FL 32666	
TITLE	V	31 TITLE	D	XX Change ☐ Addition
NAME	OLMSTED, GERALD F	32 NAME	Emil Melone	
STREET ADDRESS	RT. 2, BOX 273	33 STREET ADDRESS	613 SE 8th Avenue	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	34 CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE		41 TITLE	D	XX Change ☐ Addition
NAME		42 NAME	Norma P. Melone	
STREET ADDRESS		43 STREET ADDRESS	613 SE 8th Avenue	
CITY-ST-ZIP		44 CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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.

SIGNATURE: Jane L. Segal — Jane L. Segal January 11, 1995 904-481-4436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0412008 FP