

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002023 (0)

1. Corporation Name

FORTY CARROTS OF SARASOTA, INC.



Principal Place of Business

**1500 S TUTTLE AVE
SARASOTA FL 34239**

Mailing Address

**1500 S TUTTLE AVE
SARASOTA FL 34239**

3. Date Incorporated or Qualified

05/04/1993

3a. Date of Last Report

07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0405988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**WATTS, DONNA
1620 MAIN ST
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

WATTS, DANA

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

83

Same

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE

PD

**KANE-HARTNETT, BETSY
6131 GULF OF MEXICO DR
LONGBOAT KEY FL**

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

VDST

**WEISS, DIANE
2397 FIESTA DR
SARASOTA FL**

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

D

**BASS, PEGGY
1837 SPRING CREEK DR
SARASOTA FL**

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

D

**FEINBERG, BARBARA
4495 OAKVIEW DR
SARASOTA FL**

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

D

**KUHN, ROBERT
4281 WINNERS CIR #725
SARASOTA FL**

☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

D

**ANDERSON, NORMA
3465 BEE RIDGE RD #324
SARASOTA FL**

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

**GOLDSTEIN, NORMAN, M.D.
3223 OLD OAK DRIVE
SARASOTA, FL 34239**

☐ Change

☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**30000174685.9
-03/18/96--01050--015**

5.1 TITLE

*****61.25**

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETSY KANE-HARTNETT, 2/7/96

Date

Daytime Phone #

CR2E037 (12/95)

PS 3/19/96