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95 JUN 20 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000024004 (1)**  
1. Corporation Name  
**CARROT COUNTRY, INC.**

Principal Place of Business      Mailing Address  
618 OAKFIELD DR.      618 OAKFIELD DR.  
BRANDON FL 33511      BRANDON FL 33511

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2b		03/29/1994			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3069341		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

REISERER, KENNETH ESO  
545 DELANEY AVE.  
SUITE 5  
ORLANDO FL 32801

81 Name **DELERED R. BEYERS**  
82 Street Address (P.O. Box Number is Not Acceptable) **205 Apollo Beach Blvd # 106**  
83  
84 City **APOLLO BEACH** FL 85 Zip Code **33672**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 DELERED R. BEYERS Delered R. Beyers 6/15/95  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature required when reappointing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD A. DAVIS	1.2 NAME	
STREET ADDRESS	717 WESTWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOPP DAVIS	2.2 NAME	
STREET ADDRESS	717 WESTWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511	2.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS DAVIS	3.2 NAME	
STREET ADDRESS	3414 SAN PEDRO ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	3.4 CITY-ST-ZIP	
TITLE	SECRETARY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODA DAVIS	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511	4.4 CITY-ST-ZIP	
TITLE	TREASURER	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLETTE T. DAVIS	5.2 NAME	
STREET ADDRESS	3414 SAN PEDRO ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: RICHARD A. DAVIS Richard A. Davis 6/15 (813) 689-2195  
(Signature and typed or printed name of signing officer or director)