FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000032367

1. Corporation Name

CARTER	'S HUUFING, INC.					
Principal Place	e of Business	Mailing Address			-{	83 1441 0 51 000 1411 0 05111 1601 1001
1064 PATRICK CIRCLE 1064 PATRICK CIRCLE						
DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117				DO NOT WRITE IN THIS SPACE		IC CDACE
US US						IS SPACE
					3. Date Incorporated or Qualifed 04/27/1994	
2. Deixainal D	leas of Business	2a. Mailing Address			4. FEI Number	Applied For
− 1 '					59-3249952	Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc						\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State			•	· 	6. Election Campaign Financing	\$5.00 May Be
23					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year I	
24	25		30		Personal Property Tax.	Yes DNo
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent
CAB	TER, THEODORE SR.		81	Name		
1064 PATRICK CIRCLE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
DAYTONA BEACH FL 32117			00			
DAT	TONA DEACTITE SETTI		83			
			84	City	F	85 Zip Code
		-00 L007 4500 EL : L 0) L 4			pration submits this statement for the purpose	
office or r	registered agent, or both, in the Stati im familiar with, and accept the oblig	e of Florida. Such change was au	itnorizea by tr	ne corporation	n's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Signature, typed or printed name of registered at	ALCOHOL SIDE OF THE THEFT	Registered Agent:	signature required	(when revostating) DATE	
12.	_ 	AND DIRECTORS	13.	<u></u>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETÉ	1 1 TITLE			Change Addition
NAME	CARTER, THEODORE		1 2 NAME			
STREET ADDRESS	DRESS 1064 PATRICK CIRCLE		13 STREET A	ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		14 CITY-ST-	ZIP		
TITLE	S	☐ DELETE	21 TITLE			☐ Change ☐ Addition
NAME	CARTER, DEHAVEN J.		22 NAME			
STREET ADDRESS	I		23 STREET A	ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 2.4		2 4 CITY-ST	-ZIP		
TITLE		☐ DELETE	31 TITLE			Change Addition
NAME	321		3.2 NAME			
STREET ADDRESS			33 STREET A	ADDRESS		
CITY-ST-ZIP			3.4 CITY+ST	- ZIP		
TITLE		DELETE	4 1 TITLE			☐ Change ☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET A	ADDRESS		
CITY-ST-ZIP		□ on exe	4.4 CITY-ST-	ZIP		☐ Change ☐ Addition
TITLE	LE DELETE		5 1 TITLE			Change Addition
NAME			5 2 NAME	PDDEEC		
STREET ADDRESS			53 STREET A			
CITY-ST-ZIP		□ pricts	5.4 CITY-ST- 6.1 TITLE	ZIP		Change Addition
TITLE		☐ DELÉTE	62 NAME			
NAME STREET ADDRESS			63 STREET	ADDRESS		

14. I hereby certify that the information supplied with this filling 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 true to 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 of on an appear with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90006 045 ***150.00 03-17-1999 90006 046 *****8.75