

**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**

**APPROVED  
AND  
FILED**

**95 APR 18 PM 9: 58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000088486 (3)**

**1. Corporation Name  
CARR PROPERTY GROUP, INC.**

**Principal Place of Business  
3553 S.W. CORPORATE PARKWAY  
PALM CITY FL 34980**

**Mailing Address  
3553 S.W. CORPORATE PARKWAY  
PALM CITY FL 34980**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified  
12/05/1994**      **3a. Date of Last Report**

**4. FEI Number  
65-0541905**      **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

**2. Principal Place of Business**      **2a. Mailing Address**

**21** Suite, Apt. #, etc.      **26** Suite, Apt. #, etc.

**22** City & State      **27** City & State

**23** Zip      Country      **28** Zip      Country

**24**      **25**      **29**      **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CARR, PETER A  
3553 SW CORPORATE PARKWAY  
PALM CITY FL 34980**

**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 duties of, the registered agent under Section 607.0505, Florida Statutes.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

**4/14/95**  
DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**D**  
**CARR, PETER A**  
**3553 S.W. CORPORATE PARKWAY**  
**PALM CITY FL 34980**

**1.1 TITLE**       Change       Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**2.1 TITLE**       Change       Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**3.1 TITLE**       Change       Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**4.1 TITLE**       Change       Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**5.1 TITLE**       Change       Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**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 submitted 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/95**  
DATE

**407-283-4400**  
PHONE NUMBER