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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000025128 (6)

CAROASH, INC.

Principal Place of Business

Mailing Address

FILED Apr 02 1998 8:00am Secretary of State



4222 S.W. 80TH STREET GAINESVILLE FL 32608		4222 S.W. 80TH STREET GAINESVILLE FL 32608	4222 S.W. 80TH STREET Gainesville fl 32608							
						DO NOT WRITE IN	THIS SPACE			
						3. Date Incorporated or Qualified 03/29/1995				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For			
s :		26	26			59-3310908		Not Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75 Additional Fee Required		
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution	\$5.	\$5.00 May Be		
Zip	Country									
4	25	29	30			Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
TH	OMPSON, JUDITH S			81 Na	me					
42			82 Street Address		iress (P.O. Box Number is Not Acceptable)		——			
GAINESVILLE FL 32608				83						
							· · · · · · · · · · · · · · · · · · ·			
				84 Ci	ly		FL 85	Zip Code		
office or re	eaistered agent, or both, in the	07.0502 and 607.1508, Florida Statu Estate of Florida Such change was obligations of, Section 607.0505, F	authorize	ed by the	med cor corpora	poration submits this statement for the purp tion's board of directors. I hereby accept t	pose of changing the appointment	ng its registered t as registered		
SIGNATURE										
12.	Signature, typed or printed name of regist-	red agent and title if applicable (NO RS AND DIRECTORS	TE Register		nature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFFICER	DATE	TODO 111 40		
TITLE	PTD	DELETE	1.11			ADDITIONS/CHANGES TO OFFICER	Char			
NAME	TI IOLIDOOLI MORTI O						ige Addition			
STREET ADDRESS	AAAA AAMA AATTI ATROOTT		1.2 NAME 1.3 STREET ADDRESS		Tee			İ		
	GAINESVILLE FL 32606			1.4 CITY-ST-ZIP				1		
CITY-ST-ZIP TITLE	VS DELETE			2.1 TITLE			Char	nge Addition		
NAME	THOMPSON, LOUIS W		22 NAME		- 1		_			
STREET ADDRESS	4222 S.W. BOTH STREE	T	2.3 \$		eecc					
CITY-ST-ZIP	GAINESVILLE FL 32608	•	2.4			•••	, 1			
TITLE		DELETE					Char	nge Addition		
NAME		- -	3.21	LAME	- 1		_	· — ·		
STREET ADDRESS				STREET ADD	IESS					
CITY-ST-ZIP			3.4	CITY-ST-ZI	,					
TITLE		DELETE	_	ITLE			☐ Char	nge Addition		
NAME			4.2	NAME	ļ					
STREET ADDRESS			4.3	STREET ADD	RESS					
CITY - ST - ZIP			4.41	CITY-ST-ZIF						
TITLE		DELETE	5.1	ITLE			☐ Char	nge 🔲 Addition		
NAME			5.21	NAME						
STREET ADDRESS			5.3	STREET ADD	RESS			J		
CITY-ST-ZIP			5.4	CITY - ST - ZIF						
TITLE		DELETE	6.1	IITLE			Char	nge 🔲 Addition		
NAME	 		6.2	NAME	- 1					
STREET ADDRESS			63	STREET ADD	NESS			}		
CITY-ST-ZIP	L <u>-</u>		6.4	CITY-ST-ZIF						
44			4			- 0 - N - 140 07(0)() Fig. (- 0) - 1 - 1 - 1	11			

I review certify that the information supplied with this filing 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.

352-377-3111