

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000002150 (5)
 1. Corporation Name
JOYCE CARLSEN-HART ENTERPRISES, INC.



Principal Place of Business: **RT. 5 BOX 586 LAKE CITY FL 32024**
 Mailing Address: **RT. 5 BOX 586 LAKE CITY FL 32024**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	RT 21 Box 4088	26	P.O. Box 7087	01/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3418430	
22. City & State		27. City & State		Applied For	
LAKE CITY FL		LAKE CITY FL		Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Desired	
32024		32055		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
Columbia		Columbia		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
32024		32055		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARLSEN-HART, JOYCE				81. Name Hugh A. Hart			
RT. 5 BOX 586				82. Street Address (P.O. Box Number is Not Acceptable) RT 21 Box 4088			
LAKE CITY FL 32024				83. City			
				84. City LAKE CITY			
				85. Zip Code FL 32024			

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Hugh A. Hart* (Signature, title, or printed name of registered agent and for applicable (NOTE: Registered Agent signature required when reinstating) DATE: **4-24-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSEN-HART, JOYCE	1.2 NAME	
STREET ADDRESS	RT. 5 BOX 586	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32024	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, HUGH A	2.2 NAME	
STREET ADDRESS	RT. 5 BOX 586	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32024	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINER, M V	3.2 NAME	ST Barry Hart
STREET ADDRESS	RT. 5 BOX 3002	3.3 STREET ADDRESS	RT 21 Box 4088
CITY-ST-ZIP	LAKE CITY FL 32024	3.4 CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 hereby 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.

SIGNATURE: *Sandra B. Mortham* **4-24-98** **904-961-2431**

CF2E034 (10/97)